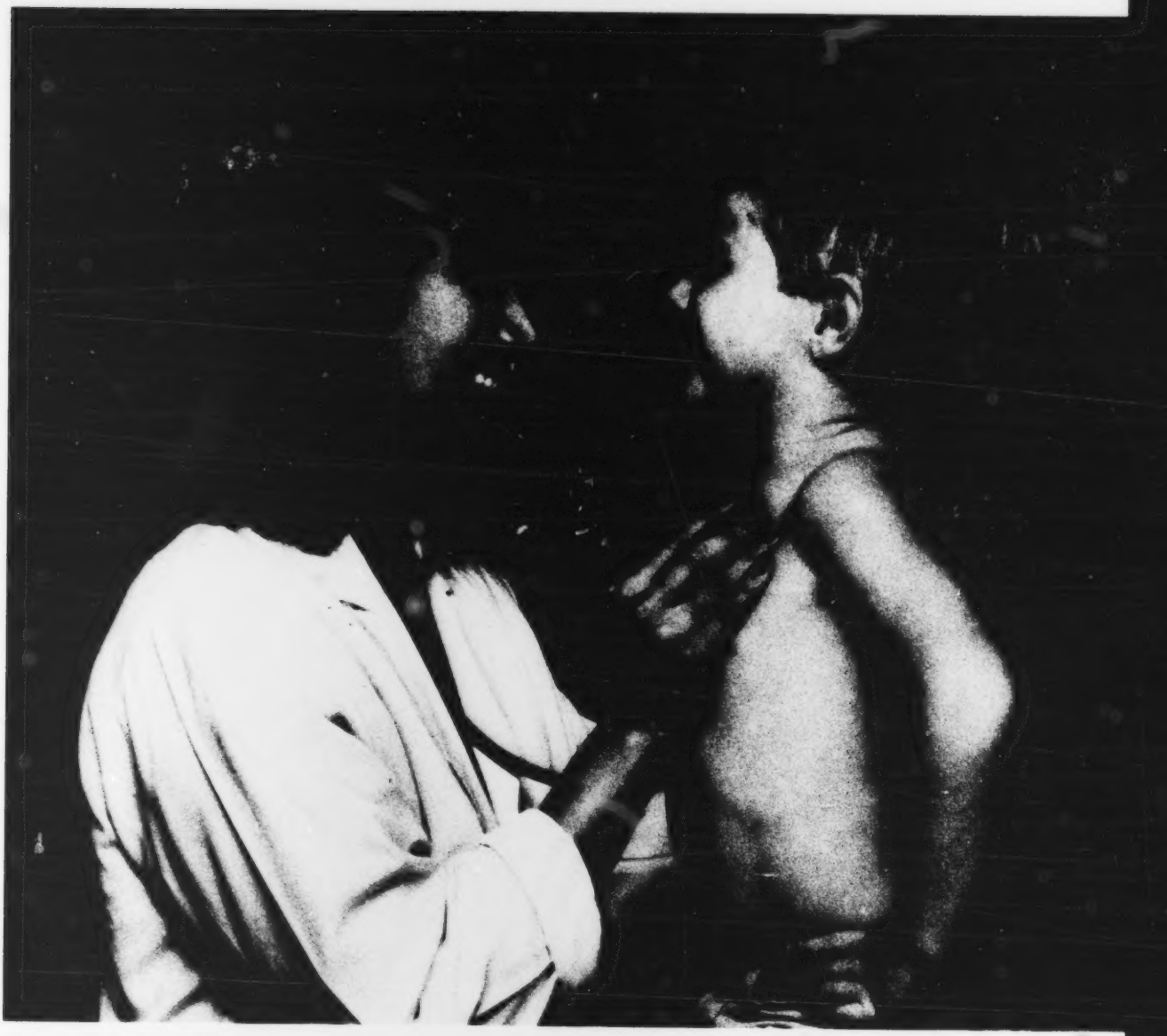
Ontario Ministry of Health



Annual Report 1984/85

Building a healthier Ontario for today... and tomorrow.

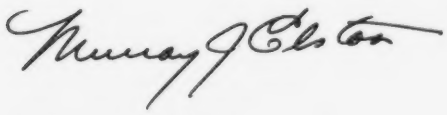
Ontario

To His Honour
The Lieutenant-Governor
of the Province of Ontario

May it please your honour:

It is my pleasure to present the sixtieth annual report of the Ministry of Health for the twelve-month period ending March 31, 1985, and the report of the Ontario Health Insurance Plan, as required under the Health Insurance Act.

Respectfully submitted,



Murray J. Elston
Minister

Message from the Minister

During my first few months as Minister of Health, I had the privilege of meeting with health care providers in all parts of our province. In Kenora I was told about the health care needs of native peoples; in Windsor we discussed chronic care requirements and the pressing need for renewal of many of our institutional facilities; in Gore Bay we spoke about problems in providing public health services in rural areas; in London I saw, at first hand, the advances being made in organ transplantation and high technology medicine.

I am impressed with the dedication of all the people I have met and their commitment to see first-class health services provided to the people of Ontario. I am particularly pleased with the efforts of the volunteer sector of our system. Whether working in hospitals, other health care facilities, or in community organizations and agencies, these thousands of volunteers add a special dimension to the health care system of this province.

Annual reports are traditionally an opportunity to look back to past achievements. Without wishing to diminish those achievements, I would prefer to focus on the future.

Our challenge over the next several years will be to improve upon what is already a good system. Positive change and renewal must occur and we must have the will to make it happen.

Recognizing that health care funding is limited, for example, a major challenge will be to manage spending effectively and to allocate funding where maximum benefits will be realized. We must be ready to explore and expand health care delivery alternatives.

Our elderly population will continue to grow rapidly. How we care and provide for the needs of elderly people is one measure of our compassion and worth as a society. Our government is committed to meeting this responsibility, and next year, I hope to report on the new programs and services in place for senior citizens in this province.

In our rush to treat and study illness we too often forget what it means to be healthy. In recent years, major advances in public health have eliminated or at least controlled many of the health problems of the past.

Many of the health problems in the 1980's are linked to personal decisions and lifestyle habits. I applaud the Ontario Medical Association, public health authorities and others for their efforts to change public attitudes and to promote healthier living. These efforts have my whole-hearted support and the support of my ministry.

In the months to come, I hope to meet with many of you and to hear your views and opinions about the health care challenges we face in Ontario. Only by consulting widely can we begin to design an agenda for the future and position our health care system to meet our future needs and requirements.

Yours very truly,

Murray J. Elston
Minister

Message from the Deputy Minister

One of the major events within the ministry this past year was our corporate re-organization. Nearly every service and program area has been affected. Our objective was to create a restructuring of ministry resources and personnel so that we might carry out our role and mandate most effectively.

As a result, we have been able to give renewed emphasis to the development of public health programs, health promotion, health care services for the elderly and mental health care. The re-organization acknowledges the major role played by hospitals in the Ontario health care system. It will also help us to maintain strong financial management and accountability within the health care sector.

I am delighted that we were able to accomplish all this with the full co-operation and help of ministry personnel.

I want to acknowledge that support. It was a significant factor in what has been for all of us a very major undertaking.

Gérard Raymond

G.J.M. Raymond
Deputy Minister

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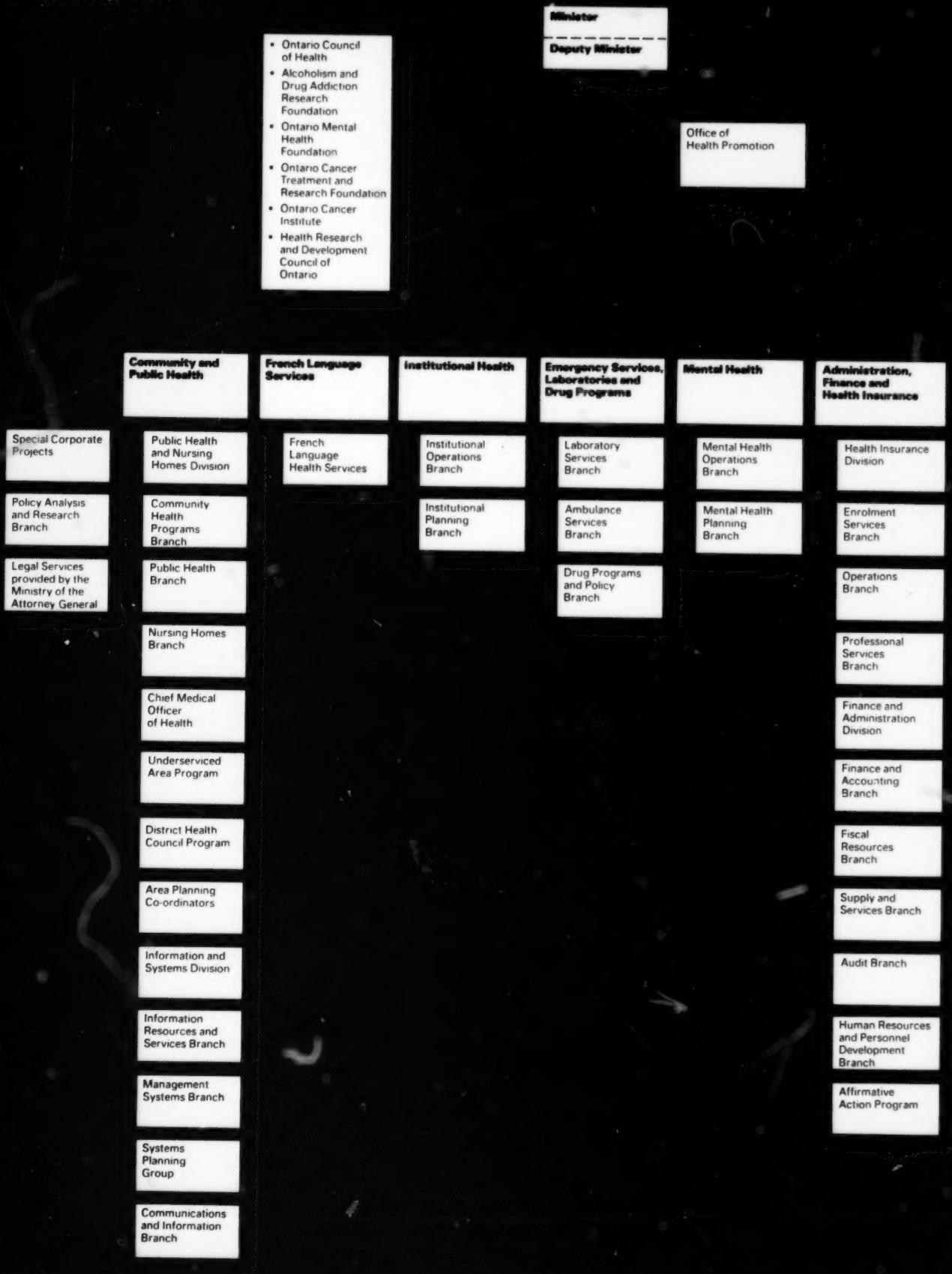
Ontario Ministry of Health
Organization Chart
February, 1985



Darwin J. Kealey
Assistant Deputy Minister

Community and Public Health

In November 1984, to strengthen the province's community health services, the ministry created a separate program for Community and Public Health. Through the Community Health and Public Health branches, staff develop, promote, support and fund programs that provide alternatives to traditional hospital care and provide a broad range of public health services. The Nursing Homes Branch is responsible for inspecting and licensing Ontario's 331 nursing homes and for developing programs to improve nursing home care.

Through the District Health Council Program, the ministry plans local and regional health services, while the Underserviced Area Program recruits health professionals to work in remote parts of the province.

Community Health

Home Care

Almost 100 per cent of the population of Ontario is now served by 38 Home Care Programs. Funded by the ministry and operated by local administrative agencies, the programs provide care, on a visiting basis, for patients who are either recovering at home from an acute illness or suffering from a chronic health problem.

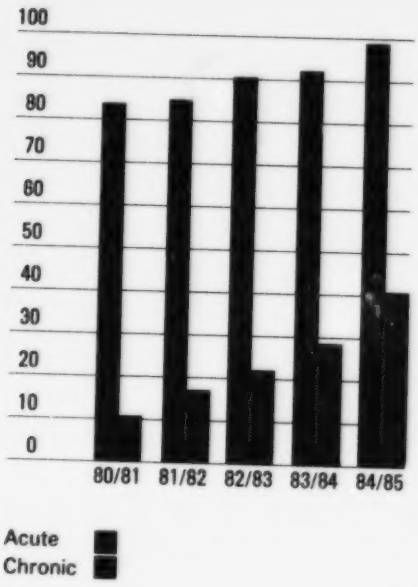
To qualify for the program, patients must meet certain criteria. They must be referred by their physician and be unable to go to an out-patient clinic for care. In addition, their homes must be suitable settings in which to deliver care, and the patients must be willing to participate in care in their homes. When a physician makes a referral to Home Care, a case manager assesses the patient to ensure that he or she meets all the criteria.

The administering agency, which may be the Board of Health, the Victorian Order of Nurses, a local hospital board or another incorporated board, employs specialized health care professionals (such as physiotherapists and occupational therapists).It purchases nursing services from such organizations as the Victorian Order of Nurses or St. Elizabeth's Visiting Nurses, and homemakers' services from the Red Cross. Although Home Care is designed primarily to administer the delivery of necessary nursing care and therapy, the program will provide for homemaking assistance if health professionals determine that it is required. Homemakers' services are provided for up to 80 hours over the first month and up to 40 hours for each following month. The program also provides drugs, dressings and sick room equipment.

The program allows patients recovering from acute illness to recuperate in the comfort of their own homes and

A nurse visits a child's home to provide care

Home Care Admissions
(thousands)



frees hospital beds for people who need more intensive, 24-hour institutional care. For those with chronic problems, particularly the elderly, Home Care provides the regular care needed while allowing patients to maintain their independence.

As a result of an amendment to the Education Act, a number of physically handicapped children have been integrated into the regular school system, and, in September, the Home Care Program was expanded to include treatment services to these children. Staff of local Home Care programs, working with boards of education, parents and other health and social service agencies, assess the needs of each child and develop a plan of care. The plan may include regular visits by a nurse, physiotherapist or occupational therapist, or it may involve teaching certain treatments to school staff or to the children themselves. The purpose of the program is to provide necessary care without interrupting a child's education.

Placement Co-ordination Services
Between April 1, 1984, and March 31, 1985, new placement co-ordination services were established in the Thames Valley (London region health district), Niagara and Waterloo regions. This brings to 15 the number of Ontario communities that have placement co-ordination services.

The services, funded by the ministry and operated by local health agencies, help patients find appropriate long-term care. They help ensure that the community makes the best possible use of available residential, extended and chronic care resources and that patients receive the level of care they require.

Health Service Organizations and Community Health Centres
The traditional means of funding physician care in Ontario is fee-for-service: the physician submits a bill detailing the service or treatment provided and is paid according to a set fee schedule.

Health Service Organizations (HSOs) operate somewhat differently. They develop a roster population who come to the organization for care, and they are paid on the basis of capitation: a set amount per person based on age and sex, regardless of the treatment required. To further encourage illness prevention, an HSO may receive an incentive payment if the hospitalization of its roster population is less than hospital utilization for the non-HSO community as a whole.

In addition to receiving a different form of payment, HSOs employ a variety of health providers such as nurse practitioners, and they encourage a team approach to health care and education.

Over the past year, the province's 19th HSO was opened in Sharbot Lake and its 20th in Brockville.

Another approach to ambulatory (non-institutional, non-home) care is the Community Health Centre (CHC). Directed at priority groups such as the frail elderly, the disabled and people who, for social or economic reasons, may have problems getting care, CHC's must operate

Dr. Peter Bell with a patient at Sharbot Lake Family Medical Centre, Ontario's 19th Health Service Organization

within budgets set at the beginning of each fiscal year. Proposals for new CHCs are reviewed and ranked by District Health Councils.

CHC staff consist of general practitioners, nurse practitioners and other health professionals such as nutritionists and health educators. In addition, CHCs provide related services such as social counselling and legal aid, and health services such as chiropody.

The Parkdale Community Health Centre (in Toronto) and the Merrickville and District Community Health Centre opened in the fall of 1984. Part of a strong, community-based approach to care, both these centres are administered by boards of community residents.

A physician examines a baby at the new Parkdale Community Health Centre.

Assistive Devices Program

For the families of children with severe disabilities, the necessary equipment and devices represent expenses which are both enormous and continuous. For example, the supplies for one visually impaired child who has spinal bifida total more than $20,000.

Through the Assistive Devices Program, the ministry pays approximately 75 per cent of the purchase cost of wheelchairs, artificial limbs, braces, hearing aids, incontinence and ostomy supplies, and respiratory supplies and equipment. Last year, about 15,000 young people (18 years of age and under) and their families received help from the program through its purchases of some 30,000 pieces of equipment.

The Assistive Devices Program provides funds for medically necessary equipment for disabled people 18 years of age or younger.

Public Health

The Public Health Branch of the Ministry of Health provides consultative and advisory services to support the work of the province's 43 boards of health. It provides funding for the health units, assists with staff training, and establishes program standards for local health services. Branch staff provide public health units with specialized advisory services in epidemiology, infectious disease control, public health veterinary medicine, public health engineering, medicine, pediatrics, public health nursing, nutrition, public health dentistry, speech pathology and audiology, and public health inspection.

School health services such as vision screening are now the responsibility of boards of health

Public health units

Public health units form a solid base for preventive health care in the community in Ontario. Staffed by a variety of health professionals, the units stress the team approach to preventive care. Attuned to their community's needs, public health workers are at the forefront in health promotion and disease prevention, health education and counselling.

On July 1, 1984, the government of Ontario proclaimed what has been described as "the most progressive public health legislation in North America": The Health Protection and Promotion Act.

With a major emphasis on the relationship and interaction between personal lifestyle and health, the Act states

The Sudbury and District health unit providing preventative community-based health care

clearly the role and responsibilities of boards of health. It sets out seven standard health services that must be available to all people in Ontario: community sanitation, communicable disease control, preventive dentistry, family health, home care, nutrition and public health education. The detailed guidelines for these mandatory programs are being published for gradual implementation.

For the first time, school health services have been defined by Regulation under the Health Protection and Promotion Act as a responsibility of boards of health. These services include preschool health assessment, vision and hearing screening, and dental health education and screening.

Boards of health offer a range of other community preventive health services. For example, public health officers regularly inspect and require correction of health hazards in restaurants, grocery stores and other premises that handle food. Nutrition education and prenatal classes for expectant parents are offered to individuals and groups. Thirty-six boards of health provide clinical services in family planning, and all boards provide counselling and education in family planning.

Teaching Health Units

In June 1984, the ministry introduced the concept of teaching health units to strengthen education and research in public health. Affiliated with one of the province's five health sciences centres, a teaching health unit will be the public health version of a teaching hospital. Through the teaching health units, standards of education and research in preventive and community medicine will improve and expand, and medical and nursing students will have the opportunity to learn first-hand about public health concepts, techniques and their applications.

A pilot project is now in place at the Ottawa-Carleton Health Unit, and implementation plans are underway for a second pilot project with the Hamilton-Wentworth Regional Health Unit.

Immunization

The Immunization of School Pupils Act, introduced in 1982, requires that all students attending school in Ontario have proof of immunization against diphtheria, tetanus, polio, measles, mumps and rubella.

Medical officers of health report that student assessments are almost complete. As of June 1984, 95 per cent of children in kindergarten to grade 6, 92 per cent of students in grades 7 and 8 and 87 per cent of students in grades 9 to 12 had been assessed as being fully immunized.

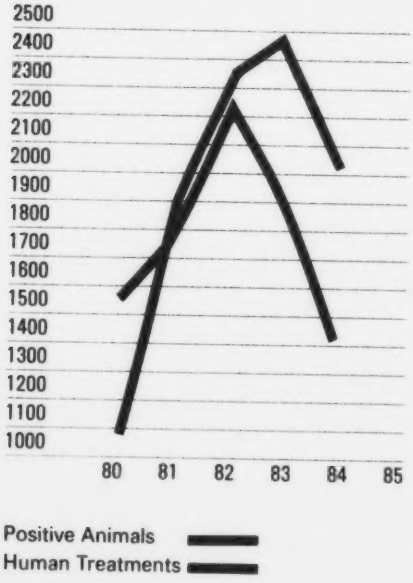
To enforce the Act, medical officers of health may order suspensions from school of children who are not legally exempt and who have not shown proof of immunization. Of the 5,000 suspension orders issued, 80 per cent were rescinded because students complied with the Act before the effective date. Of those suspended, more than half were back in school within a week, having satisfied the Medical Officer of Health they had complied with the Act. Less than one per cent of children suspended were out of school for a longer period of time.

As well as for medical reasons, exemptions under the Act had previously allowed for religious beliefs. At the end of 1984, the Act was amended to bring it into line with the Charter of Rights and Freedoms. The Act was changed to allow exemption based on a "statement of conscience or religious belief." To be exempt from the Act, statements of conscience or religious belief must be submitted in the form of affidavits. Parents who do not comply may be prosecuted and fined up to $1,000. Since the introduction of the amendment, there have been no long-term suspensions.

Public health inspectors check water quality in public pools

Public health nurses administer innoculations

Animal Rabies/Human Treatment
Province of Ontario



Ontario gives vaccine to Jamaica

The Ontario immunization program for school-age children has been so successful that, in October 1984, the province was able to donate surplus vaccine to Jamaica. Valued at $936,000, the vaccine will be used to immunize 163,560 Jamaican children against diphtheria, poliomyelitis and tetanus and 41,640 adults against poliomyelitis and tetanus.

Rabies

Rabies is a serious and costly health problem in Ontario. When there is a possibility that someone has been exposed to rabies, public health authorities investigate the incident, provide the necessary treatments and, when necessary, publicize warnings through the media. They also maintain and monitor statistical data on rabies occurrences and provide educational materials on rabies prevention and animal vaccination.

Cases of animal rabies in Ontario peaked in 1982 at 2,281, declined over the next two years to 1,450 in 1984, but are again on the rise. The first six months of 1985 have seen an increase of 67 per cent in the number of cases over the same period last year. Treatments for people exposed to rabies during the same six-month period are up 12 per cent compared to 1984.

Throughout the year, public health workers have continued to encourage people to have their pets vaccinated against rabies and to avoid contact with wildlife and with stray animals.

Family planning: survey of needs of teenagers

Many teenagers turn to public health family planning clinics for contraceptive services. In 1984, in an effort to further understand the needs of this group, the Ministry of Health, with co-operation from boards of health, surveyed teenagers who attended the clinics.

Based on the results of the survey, boards have adapted their approach to family planning services for this specific group. Public health clinic staff are expanding the outreach program to ensure follow-up of teenagers who have attended the clinics.

Fighting AIDS

During the last year, much progress has been made in the fight against AIDS (acquired immune deficiency syndrome). Researchers have identified the virus responsible for AIDS and developed a test which accurately determines whether someone has been exposed to the virus.

To protect hemophiliacs who require regular and large transfusions of life-saving agents such as blood Factor VIII extracted from blood, the Red Cross uses heat treatments.

‹ Educating the public about the danger of rabies

The ministry continues to fund a University of Toronto epidemiological study of the disease to learn more about its natural progression and risk factors. The Provincial Advisory Committee on AIDS, chaired by Dr. Bernadette Garvey, will continue to advise the minister on ways to combat this serious disease.

Chief Medical Officer

Over the past year, the Chief Medical Officer of Health continued to advise the ministry on policy and legislative issues which affect public health. Instrumental in determining the scope and implications of exemptions to the Immunization of School Pupils Act, the Chief Medical Officer of Health was also active in defining public health system involvement in occupational and environmental health issues.

Nursing Homes Branch

In the past, a ministry unit called Nursing Home Services was responsible for inspecting and licensing nursing homes. In November 1984, in order to recognize the growing demand for facilities and care for the elderly, to give more resources and priority to care for seniors and to continue to ensure that nursing homes provide the best possible care, the ministry used Nursing Home Services as the nucleus for developing the Nursing Homes Branch. The branch continues to be responsible for inspection and licensing, and will be devoting more staff and resources to developing programs and initiatives for people living in nursing homes.
With responsibility for both home care and nursing homes in one division, the ministry will be better able to co-ordinate care for the elderly.

Nursing home inspections

To ensure that the 331 nursing homes in Ontario are complying with the Nursing Home Act and providing the care residents need, branch staff regularly inspect and annually license nursing homes. They also consult with nursing home operators and advise them on upgrading facilities and staff to meet established standards and current practices.

Homes are inspected annually, as well as before they are sold, before they are licensed and after complaints or incidents. Inspectors also routinely conduct follow-up visits and unscheduled inspections irrespective of a home's compliance status. Any complaint about the care of a resident or the operation of a home is investigated.

Annual re-licensing inspection reports are made public. Following inspections, homes are required to submit a plan of corrective action outlining the changes and time frames for compliance.

In an extreme case, when it is felt that conditions in a home are a threat to residents' health or safety, the ministry is empowered by the Health Facilities Special Orders Act to take over the home and bring in interim managers while the Nursing Homes Review Board conducts revocation proceedings.

The Ontario Association of Residents' Councils

To encourage nursing home residents to become more involved in their care, residents' councils have been established in all Ontario nursing homes. Made up of residents, next-of-kin and residents' representatives, the councils discuss programs offered within the homes and recommend changes to home administrators. Although councils themselves are not mandatory, the right to establish them is. In a home where there is no council, the administrator must hold an annual meeting to advise residents of their right to form one.

During 1984/85, the ministry gave the Ontario Association of Residents'

Dr. Jack Genosove, advisory physician, with a resident at Cheltenham Nursing Home in North York.

Councils a grant of $20,000 to expand its educational, information and support services.

Nursing Home Residents' Complaints Committee

On October 29, 1984, the Nursing Home Residents' Complaints Committee, an independent body that reviews unresolved complaints, was established to advise the Minister of Health on what actions should be taken. Chairman of the committee is Dr. Dorothea Crittenden, a former deputy minister of the Ministry of Community and Social Services and former head of the Ontario Human Rights Commission. The committee has subcommittees in five regions of the province.

In addition to these formalized complaint procedures, ministry staff will continue to talk to interest groups, such as the Ontario Nursing Home Association, Concerned Friends of Ontario Citizens in Health Facilities and the Ontario Coalition of Nursing Home Reform, about the health care of people in Ontario nursing homes.

The Compliance Plan Review Board

Nursing homes are required to meet structural and environmental standards as described in the Nursing Home Act.

To help nursing homes comply with the Act, the Compliance Plan Review Board, an advisory body to the Minister, has been appointed to review submissions from the homes requiring structural changes and, if a nursing home operator is having difficulty in complying with the regulations, recommend a specific course of action in order to bring the home into compliance. The board is chaired by Sam Ruth, President of the Baycrest Centre Foundation and an acknowledged expert in long-term care.

When reviewing the nursing home application, the board may consult with District Health Councils and municipal health authorities about the efficacy of any recommendation, including the location or relocation of nursing home beds. Board members will review the proposed amendments to Regulation 690 of the Act, which governs structural requirements of nursing homes, and suggest alternative amendments.

The Underserviced Area Program

The Underserviced Area Program, established in 1969, uses incentives to persuade health care professionals to practise in remote communities where services need to be established, augmented or enhanced. A five-city recruitment drive is held each year. Communities looking for doctors, nurses, dentists and other health workers send representatives to meet health care professionals interested in locating in remote areas. The 1984/85 drive attracted over 1,000 health care providers.

The program is one of the most successful of its type in the world. Over the past 15 years, 354 general practitioners, 111 specialists, 91 dentists and 24 physiotherapists have been placed in underserviced areas.

In co-operation with the Ministry of Northern Affairs, the Ministry of Health has developed another incentive: bursaries are offered to a range of health professionals including medical, physiotherapy, dental, occupational therapy and audiology students. For each year of funding, the students agree to practise for one year in an underserviced area. Preference is given to students from the north and to those who speak French.

The Underserviced Area Program also sponsors children's dental care in

Dr. Peter Zalan and his family relocated to Sudbury two years ago with the help of the ministry's Underserviced Area Program.

remote communities. During the year, seven mobile coaches were staffed and running, and they provided dental care for approximately 3,325 pre-school and elementary school children. In the Kenora and Rainy River districts, the ministry-funded children's dental treatment program cared for some 896 children.

The mobile dental clinic for the disabled, also funded by the ministry, was located at the Cochrane-Timiskaming Resource Centre in South Porcupine during 1984/85. Clinic staff provided dental care for 450 disabled people from the centre and other nearby communities.

The first periodontist arrived in the north in August 1984. With an incentive grant from the ministry, he set up practice in North Bay. The Underserviced Area Program hopes to recruit periodontists for all major centres in Northern Ontario in the near future.

The District Health Council Program

District Health Councils (DHCs) provide an effective means for local groups, associations, health care providers and individuals to participate in planning health care services in their regions. The 26 councils serve more than 90 per cent of Ontario's population. A steering committee is currently assessing the need for a DHC in the Parry Sound-Muskoka area.

Councils assess community health requirements, develop plans for comprehensive and co-ordinated services and advise the minister on local priorities for health care spending. In a speech to the Ontario Hospital Association in 1984, the Minister of Health stated that all proposals for new health care programs, regardless of the source of funding, would have to be reviewed by district health councils. This approach will ensure that valuable health dollars are spent on the co-ordinated development of health care programs needed by each region.

Over the past year, most councils formed committees to work with Emergency Services to develop integrated, regional emergency health care systems. In Ottawa-Carleton, Essex County, Thames Valley, Manitoulin-Sudbury, Thunder Bay and Metro Toronto, councils began to plan for the implementation of computerized bed inventories based on the Hamilton central bed registry model. These systems will encourage better use of all available hospital beds.

Long-term care and mental health services continue to be priorities with most councils, particularly in the areas of assessment and aftercare. Councils support the expansion of community-based health programs.

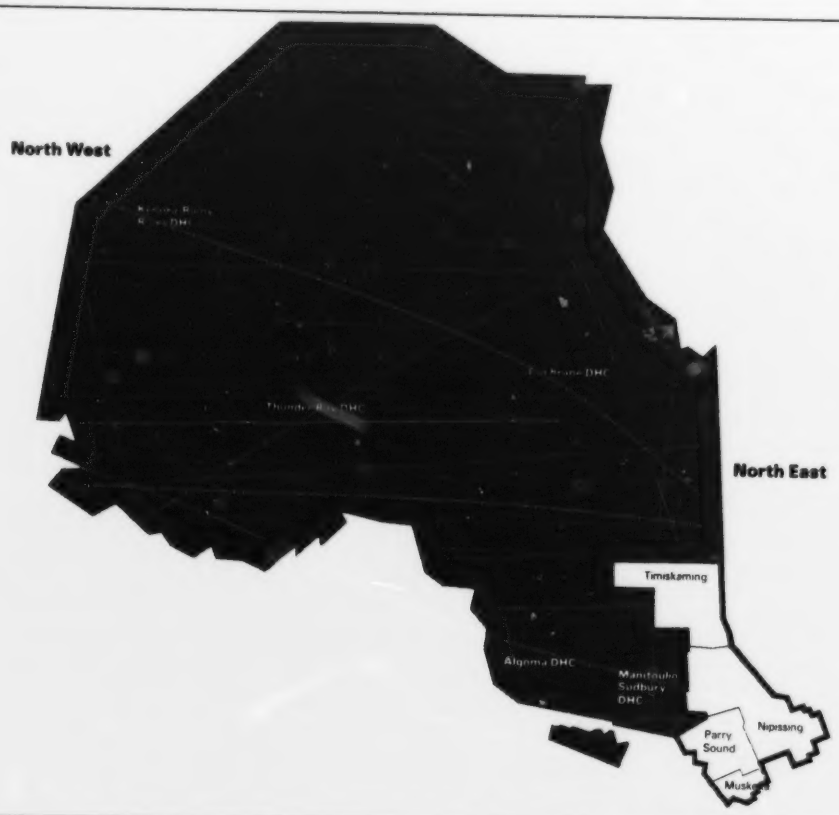
District Health Councils, their committees and subcommittees, are made up entirely of volunteers. Most councils consist of approximately 40 per cent local health care providers and 60 per cent local citizens and government representatives. District Health Councils involve more than 1,500 people across the province in planning for health care.

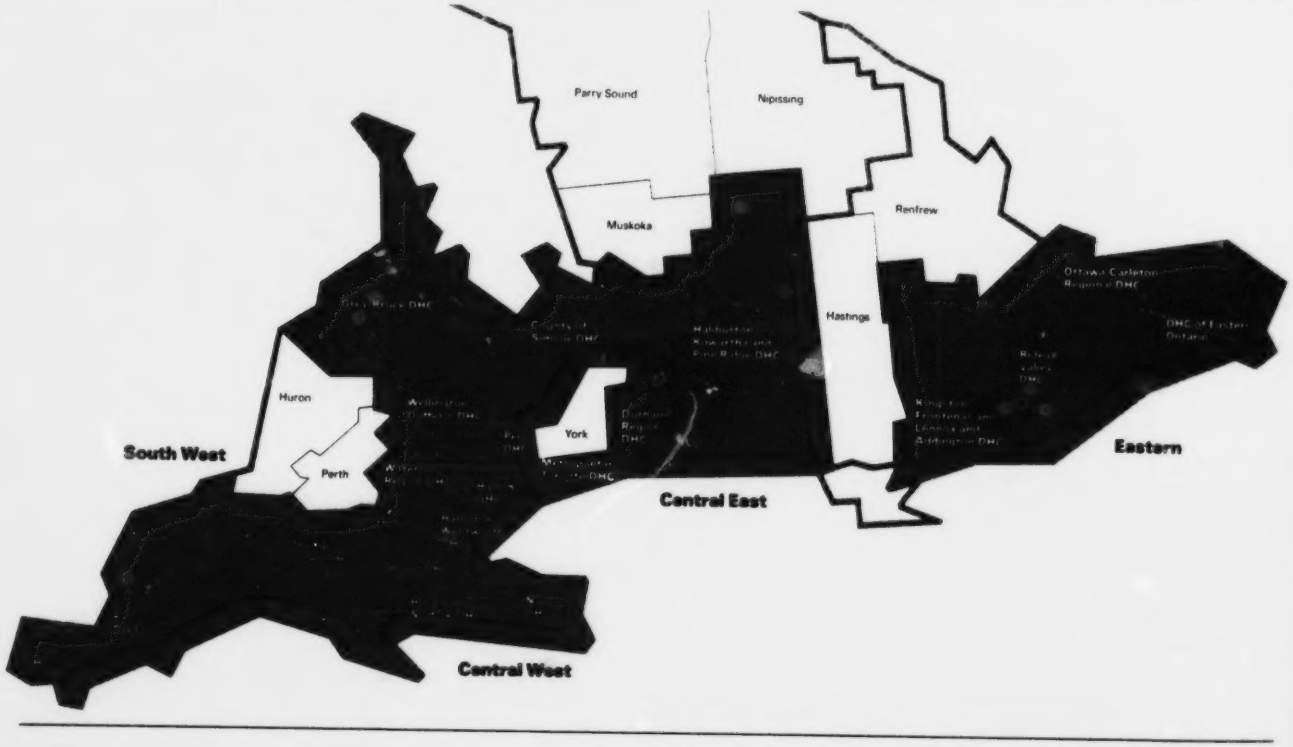
Each council is supported by a small professional staff funded by the ministry and located in the community. Ministry staff provide administrative and planning guidance to councils. They also review council reports and recommendations and act as the link between the councils and the Minister.

Dr. Terry O'Driscoll, a general practitioner attracted to the north by the Underserviced Area Program, prepares a patient for a journey in an air ambulance.

Dr. Donald Scott of North Bay is the first periodontist to set up practice in Northern Ontario.

Ontario District Health Councils





Communications and Information Branch

The Communications and Information Branch supports the work of all ministry programs. Staff develop speeches, news releases, brochures, pamphlets, audio-visual presentations and other health promotion materials.

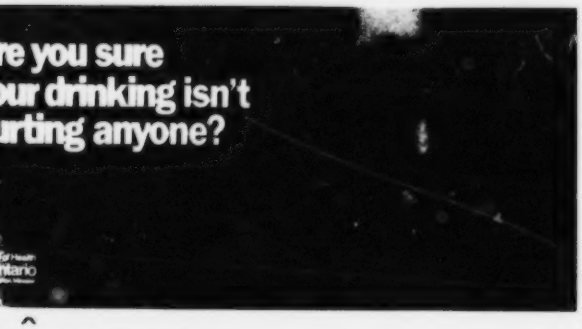
Smoking is anything but cool...
During the spring of 1984, teenagers tuning into their favorite rock and roll radio stations heard a timely health message set to popular music: "smoking is anything but cool."

Part of an aggressive ministry campaign against smoking, two radio commercials told teens and pre-teens that their peers find smoking unacceptable. Played on 25 stations across Ontario, the commercials reached 91 per cent of all Ontario teens, and research showed that they received an unusually high 63 per cent unaided recall. The commercials also won prestigious awards at advertising festivals in Toronto, New York and Chicago.

Teenagers were not the only target of the ministry's anti-smoking efforts. Project Smokeless materials were reprinted to help corporations, companies and organizations develop ways to limit smoking in work areas.

A series of television commercials, transit advertisements and in-store video announcements, using the slogan, "stop smoking now before she starts", were directed at women between the ages of 20 and 40. They stressed the importance of setting a good example for children and encouraged mothers who do smoke to stop.

The brochure rack at Flemingdon Health Centre in Don Mills is part of a network that distributes ministry publications to the public.



Transit advertising emphasizes the importance of responsible, moderate alcohol consumption.

Music, dance and a colorful float helped to convey the anti-smoking message in the Cancer Society Daffodil Parade in March.

Other health promotion messages

The fifth annual Food Fit Contest offered prizes to secondary school students for projects which encouraged healthy eating habits. Contest entries were varied and imaginative. Five schools — one from each of the provincial regions — each won the $1,000 first place prize. Two provincial grand prize winners won another $1,000 each.

Health Spell — a mime, puppet and musical show that teaches elementary school children that they can make their own decisions about nutrition, fitness and lifestyle — was interpreted for deaf children. It ran for two weeks at the Ontario Science Centre.

The Communications and Information Branch also responds to requests for information from health professionals, students and individuals across the province.

Throughout the year, the ministry's Health Information Centre responded to more than 23,000 telephone inquiries, 9,000 written requests and about 700 personal visits from people looking for health information, posters, pamphlets and other materials.

Through its Health Information Centre and public health units, hospitals, pharmacies, medical clinics and doctors' offices, the branch distributed more than seven million pamphlets on a variety of health topics.

The ministry continued to encourage people to take precautions against rabies. A travelling rabies-prevention exhibit was displayed at the CNE, the Sportsmen's Show and the Royal Winter Fair in Toronto. Public health units used a van equipped with a rabies information display for presentations at shopping malls, local fairs, schools and other community events across Ontario. The ministry's rabies poster and advertisement won a government information officers' Forum Award and a Transit Marketing Award for Excellence.

"A History of Caring," the ministry/Metropolitan Ambulance Services emergency health CNE display, was used to demonstrate CPR and other life-saving techniques. It also illustrated the "tiered" response to an emergency situation: the citizen who calls for help, and the emergency professionals who respond.

This 1903 ambulance featured in the CNE display was originally used in the London area. It is now housed in the Lambton Heritage Museum.

A scene from Health Spell — a mime, puppet and music show that teaches children about nutrition and fitness

David W. Corder
Assistant Deputy Minister

Mental Health

In December 1984, the ministry recognized the unique nature of mental health needs by appointing an Assistant Deputy Minister with sole responsibility for this area.

Mental Health operates and administers the province's 10 psychiatric hospitals, and funds and evaluates 306 community-based mental health and addiction services. In recent years, the ministry emphasis has been on strengthening the existing mental health care system by developing a continuum of services to provide balanced, comprehensive and co-ordinated mental health care.

Institutional Services

Each provincial psychiatric hospital reflects the make-up and needs of the community it serves. While the hospitals offer a number of common, core programs, they also provide programs tailored to local needs, such as rehabilitation from chemical addiction and intensive vocational programs involving modern industrial technology.

Oak Ridge Division Review
The Penetanguishene Mental Health Centre operates the Oak Ridge Division which is the only male, maximum security treatment unit in the province. A program review of the Oak Ridge Division is being conducted in order to change its focus from one of a secure prison setting to a treatment/program-oriented centre. The final report is expected in the latter part of 1985.

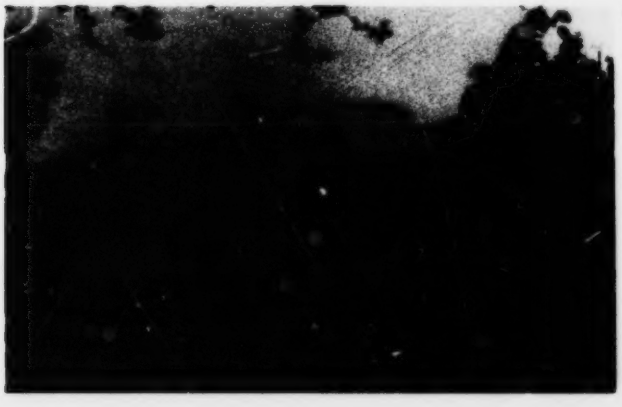
Community Advisory Boards
Appointed by the Ministry of Health, community advisory boards are now in place at each of the province's 10 psychiatric hospitals. Board members, who are active members of their communities, help the hospitals identify and respond to local needs. They also provide the Minister with advice on local mental health issues. Within their communities, they work to promote awareness and understanding of mental health. The first annual meeting of community advisory boards was held in June 1984.

Community Mental Health Services

In 1976, the ministry introduced the Community Mental Health Services Program. It was a response to the trend toward deinstitutionalization and the need to help out-patients become integrated back into the community. Community-based services were seen as a means of reducing both the frequency and duration of patient admissions to psychiatric facilities, and the risk of mental disorders in those considered high risk.

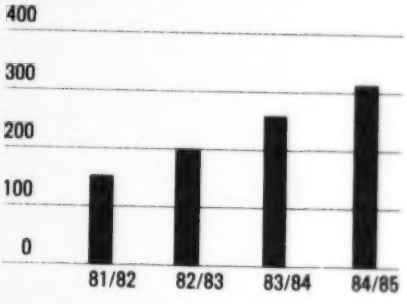
The ministry funds Community Mental Health and Addictions Programs which have been recommended by the local District Health Council. In addition to the programs listed, the ministry gives priority to programs that provide community support for former psychiatric patients, to programs that work to co-ordinate and reduce duplication of mental health services, to psychogeriatric programs that provide out-patient services for the elderly, and to self-help and vocational rehabilitation programs for former psychiatric patients.

Any program funded by the ministry is tracked through a two-year developmental phase. It is then evaluated to determine whether or not it is meeting its objectives, is well-managed, and is providing the kind of quality care needed within the community. Recommendations for on-going funding are based on that evaluation.



‹ Penetanguishene Mental Health Centre

Increase in the number of Community Mental Health Programs over the last four years



A community-based mental health care system: a pilot project in Grey-Bruce Counties

Thanks to the concerted effort of the region's District Health Council, local hospital staff and others in the community, people living in Grey-Bruce Counties now have access to a comprehensive range of community mental health programs. A unique organization — The Community Health Corporation — administers the services. The ministry will evaluate the programs as a possible model for the province.

One of the new programs is the Addictions Assessment and Referral Service. From an office in Owen Sound, the service's staff of four travel regularly to hospitals in the region. They refer patients either to the new eight-bed detox centre near Owen Sound's General and Marine Hospital or to the hospital's expanded alcohol day-treatment program. Detox centre staff will care for 500 people a year.

People in the community suffering from stress due to personal or family problems are now able to go to a community-based counselling service. Former psychiatric patients have access to co-operative housing in the community. A director, two mental health workers and part-time staff will teach basic living skills, help organize recreational and social activities and counsel residents.

General and Marine Hospital also offers an out-patient counselling service, which replaces the hospital's Mental Health Clinic, and a psychiatric day-care program that provides intensive treatment. For those people who don't need to be hospitalized but need some community support, the hospital offers a psychiatric after-care program. Someone with moderate long-term psychiatric problems can come to the program for counselling, for help in finding a place to live and for monitoring of his or her medication.

The Heseltine Review

The discussion paper "Towards a Blueprint for Change: the Next Ten Years" is the result of a two-year review and assessment of mental health services in Ontario. In order to encourage and obtain feedback, a consultation process was implemented. During the process, the ministry received 49 responses representing a cross-section of professional and voluntary associations, direct service organizations, planning bodies, Ministry of Health branches and other ministries. The respondents were generally supportive of the thrust of Dr. Heseltine's recommendations, which are consistent with the ministry's ongoing initiatives in mental health. The ministry is committed to the development of a mental health service continuum, with enhanced co-ordination and continuity of care.

Employees of the Haldimand-Norfolk Workgroup of Simcoe, a community-based mental health program, build canoes and displays, run a concession booth, maintain lawns and gardens and handle other jobs within the community.

The Canadian Mental Health Association Information and Action Program

The Canadian Mental Health Association, through its Information and Action Program, is continuing to break down the "invisible wall": the attitude that many people have toward mental illness. Over the past two years, with over $2 million in funding from the Ministry of Health, the association has produced speeches, information packages, displays, audio-visual presentations and newspaper supplements. The theme has been the "Caring Community" — a major education program and public awareness campaign about mental health. The advertisements produced in the first phase of the program won first prize in the 1984 Bessie awards, which are sponsored by the broadcast industry.

Through this education program, the association attempts to dispel the myths and misconceptions surrounding mental illness and illustrates how a caring community can provide support and encouragement to those in need. The more that people know about and understand mental illness, the easier it will be to re-integrate into society those who are mentally ill or who are recovering from mental illness.

The association completed a research study on community attitudes towards the mentally ill and on the impact of advertising on public attitudes. Over the next year, it hopes to develop a school information program and to continue its media and education efforts.

Ministry studies mental health needs of people living in northeastern Ontario

Announced by the Minister of Health in August 1984, the Northeastern mental health study will assess the needs of the region and suggest a strategy to meet those needs and provide services through to the year 2000. Focusing on the North Bay, Sault Ste. Marie, Timmins and Sudbury areas, researchers will be looking specifically at the needs of francophones, native people, and the elderly in the region.

Homes for Special Care Program

Since 1964, the Homes for Special Care Program has provided long-term care for discharged psychiatric patients. Those who require nursing care live in nursing homes throughout the province. Those who require supervision but do not need nursing care live in program boarding homes. A Touche Ross report has recommended changes that will enhance the quality of life for those within the program and, in some cases, help them realize their full potential for rehabilitation. A tri-ministry group (Health, Community and Social Services, and Education) is now reviewing the report's recommendations.

Patient Advocate Program

Over a one-year period, the psychiatric patient advocates, based in the province's 10 psychiatric hospitals, helped more than 2,200 patients become more aware of their rights and responsibilities and obtain access to services they needed. Some patients contacted the advocates on their own, while others were referred by hospital staff, friends or other patients. In some cases, the advocates sought out patients with problems.

Electro-Convulsive Therapy (ECT) Review

In 1984, a committee, chaired by Charles J. Clark, Q.C., was appointed to review the use of electro-convulsive therapy in Ontario. Committee members represent a cross section of disciplines — psychiatry, psychology, bioethics, law, and hospital administration — as well as consumer groups. The review committee is looking at the use of ECT, both past and present, and is examining the medical, legal and ethical issues that surround its use. The committee's report will recommend guidelines for future use of ECT (when, how, why and if such treatment should be prescribed) and directions for future research and study.

To encourage public participation, the committee ran two advertisements in newspapers throughout the province requesting submissions. To date, over 300 organizations, institutions and consumer groups have submitted briefs.

Alcohol and drug rehabilitation programs are a ministry priority. The Alcohol and Drug Education Centre in Kingston is part of Kingston Psychiatric Hospital.

Fern Fortin, Patient Advocate at London Psychiatric Hospital, assists patients with their rights and responsibilities.

Dr. Dennis A. Psutka
Assistant Deputy Minister

Emergency Services, Laboratories and Drug Programs

Emergency Services

Staff in Emergency Services plan, direct and co-ordinate Ontario's emergency health services. Laboratories staff operate a central laboratory and 12 regional public health laboratories, monitor communicable diseases within the province and control standards for all medical labs. Those working in Drug Programs operate the Ontario Drug Benefit Program and publish the PARCOST Comparative Drug Index/Drug Benefit Formulary.

A Sudbury ambulance attendant in a simulated CPR situation ›

‹ Ambulances come in many forms. The jet-boat transfers patients from James Bay General Hospital to Moose Factory Hospital in Moosonee

Effective emergency health services depend on many people: on those at the scene of an accident or illness who are able to provide first aid or pre-hospital emergency care; on people who know how to use the local emergency dispatch number; on police, firefighters and ambulance attendants who must respond quickly and efficiently; on emergency physicians; and on a network of ambulances, both land and air, which transport people who are ill or injured.

To ensure that such a lifeline system is in place, the ministry encourages public education in emergency procedures. Last year, emergency services staff trained over 2,200 civil servants in cardiopulmonary resuscitation (CPR). The Red Cross, St. John Ambulance and the Ontario Heart Foundation trained almost 400 other people in government.

The ministry also promotes a single emergency or 911 number for all emergency services — police, firefighters and ambulances — to make it easy for people to learn and use the system.

While it is important for everyone to be aware of certain emergency procedures, it is particularly crucial for attendants and physicians to be trained and proficient. Over the last year, the ministry examined and certified 260 emergency medical care attendants who staff many of the province's ambulances. To encourage physicians to enter this new field and to build an effective emergency team for the province, the ministry also funded 28 post-graduate positions in emergency medicine.

An extensive ambulance system, organized into 183 ambulance services across the province and employing 3,000 people, has 464 single-stretcher vehicles, 79 dual-stretcher vehicles, 39 four-wheel-drive vehicles, five multi-patient vehicles, four critical care units and 11 emergency response units. During the year, the ambulance fleet carried over 654,000 ill or injured people.

A system of 53 heliports, all equipped with night lighting, helps helicopter ambulances respond to emergencies. The use of helicopter and fixed-wing aircraft provides for response in almost all parts of the province. During the last year the ministry, with support from the Ministry of Northern Affairs, built 16 new heliports. The air ambulance system, including scheduled and chartered aircraft, responded to 10,324 calls.

Managing the emergency lifeline

In addition to supplying the equipment and human resources needed to respond to emergencies, the province has established a system to manage the lifeline effectively. Central ambulance communications centres use modern electronic equipment to receive calls, dispatch ambulances and co-ordinate regional health resources.

Before the days of central dispatch, several ambulances from one accident scene could all arrive at the same hospital. In cases where the hospital could not handle all the injuries, some people would have to be moved a second time. Now central dispatch can determine where people should be taken before they leave the scene of the accident, and hospitals are ready and waiting when they arrive.

The ministry has improved the dispatch system by standardizing procedures at all centres. Additional centres will soon be completed in Mississauga, London and Thunder Bay. The Central Air Ambulance Communications Centre at 15 Overlea Blvd. in Toronto co-ordinates all long-distance air transfers.

Building an emergency health system

Ontario's emergency health services system is fast taking shape. Planners have talked extensively with health care professionals and with consumers. The ministry has issued the first in a series of discussion papers on developing a comprehensive emergency system and has asked for comments and advice. A provincial advisory committee, made up of representatives of emergency health planners, care providers and consumers, met six times during the

‹ A lesson in CPR

Ambulance dispatch centres provide efficient, co-ordinated response to emergency calls. ›

fiscal year to counsel the ministry on its emergency health initiatives. Six area emergency health services committees have met, as have 21 district health council emergency health services sub-committees.

Together, these groups have set objectives and priorities for the system, and have made an inventory of all available emergency health resources. The next step: action plans for changes and improvements.

Paramedics: emergency specialists

In Toronto and Hamilton, the ministry is testing a new link in the chain of emergency health services: paramedics. Now when ambulance dispatch operators receive a call for help, they immediately dispatch a basic life support ambulance, ask a few more detailed questions about the emergency and, based on that information, send a paramedic unit to the scene.

Specially trained to perform delegated medical acts and administer drugs, and equipped with sophisticated equipment, paramedics maintain radio communication with a physician at a base hospital and provide a level of care previously unavailable at the scene of an emergency.

Paramedics, trained to assess injuries and supported by a physician, are also able to ensure that the patient is referred quickly to the best, most appropriate care. The time it would have previously taken to transport a patient to a hospital for assessment, then possibly move the patient again to a specialty unit is now saved, and emergency and accident victims are transported directly to the care they need.

The Toronto paramedic team ranked first in a Canadian paramedic competition and first in an international competition. The team, trained and in the field for less than a year, was competing against others who had worked as paramedics for as long as 15 years. The team's success is a tribute to the quality of the Ontario paramedic training program.

Telehealth

It used to be that a physician working in a remote community was as isolated as the area he or she served. In order to upgrade professional skills or get access to new resources, the physician would have to leave the community and go to a major centre.

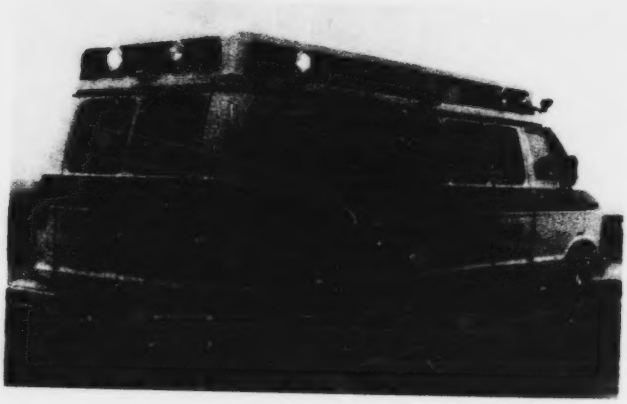
Telehealth has changed all that. If the same physician now wants the most recent information on coronary care, for example, it comes to him.

Telemedicine for Ontario, funded by the ministry and sponsored by five provincial health sciences centres, links about 75 small or remote communities in Ontario with referral centres via audio teleconferencing. Health care professionals can choose from education programs on topics such as occupational health, substance abuse, and ethical dilemmas.

The technology is developing continuously. For example, a two-way television system now connects four hospitals in the London and Woodstock areas with the University of Western Ontario Faculty of Medicine, letting hospital staff participate in the Interactive Telehealth Network's continuing education programs.

The Northeastern Ontario Telehealth Network links hospitals and educational institutions in the region with audio teleconferencing capability. The users are testing a system of transmitting one-way video signals from hospitals in Espanola and Elliot Lake to all hospitals in Sudbury to see if the technology has any useful applications in local health care.

Thirteen institutions in Kenora, Rainy River and Thunder Bay districts in northwestern Ontario are looking at a regional facsimile network as a means of improving communication and co-operation.



‹ Paramedic units bring medical skills and equipment to the scene of an emergency

Professionals working in isolated communities can have quick access to health information through audio teleconferencing ›

Centres of excellence

Burns, high-risk pregnancies, trauma and cardiac problems are all serious medical emergencies requiring specialized treatment.

In the past, each hospital tried to offer treatment of every kind. But in this age of specialization and high-cost treatment and procedures, this kind of approach may no longer be realistic. Instead, hospitals are specializing and working together to provide care. These specialized units — which serve an entire region rather than part of a city — are centres of excellence. They provide better care, and they avoid costly duplication of service.

In London and Hamilton, centres of excellence are already in place. Certain hospitals have been designated to treat specific critical conditions.

In other parts of the province, some hospitals have been designated as sexual assault treatment centres, others as perinatal units or burn treatment centres.

For centres of excellence to provide the best possible care, however, there must be effective transportation and communication links between hospitals. The ministry's emergency services staff have developed guidelines for critical care transport between facilities. Special critical care transport units are now in place in Hamilton, Ottawa, London and Kingston. The units are equipped with sophisticated life-support and radio systems so medical teams who travel with patients can perform specialized procedures en route and can consult with the specialists who will be caring for the patient.

Hamilton's central bed registry

An ambulance attendant in Hamilton responds to a call. The patient, an elderly man, has collapsed with a stroke. The attendant calls the Central Ambulance Communication Centre and is immediately directed to the hospital in the area which is best able to care for the patient.

A physician wants to book a patient into hospital for minor surgery. The central bed registry determines which hospital has space.

A woman walks into the emergency department of a hospital. Tests confirm that she should be admitted immediately, but that particular hospital is full. A call to the central bed registry finds a place for her.

These are examples of the speed and efficiency with which Hamilton's central bed registry works on a daily basis. Pioneered at Chedoke-McMaster Hospitals, the central bed registry helps ambulance officers, physicians and hospitals provide better care and make full use of all available space in the community's hospitals.

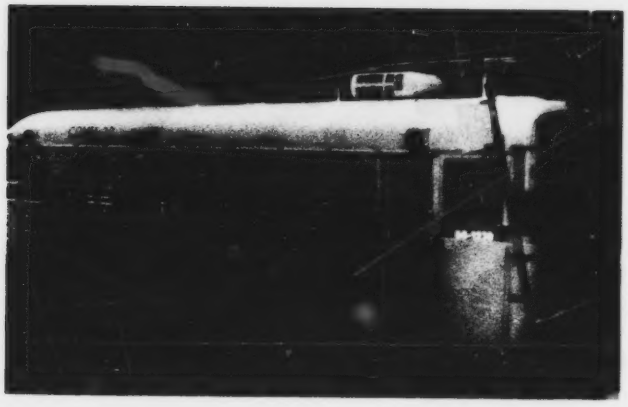
The system has been so successful that the ministry will fund similar ones in Toronto, Ottawa, Windsor, London, Sudbury and Thunder Bay.

The year the Pope came

Thousands of people gathered in Midland, Downsview, Unionville and Ottawa last fall to see Pope John Paul II on his first visit to Canada. In each location emergency health services were ready to respond to emergencies and to provide care when necessary.

Spotters, stretcher bearers and ambulance officers cared for people at three field hospitals and at a local health facility in Midland. At Downsview, seven field hospitals and 36 ambulances cared for those who were taken ill on-site, while volunteers mingled with the crowd to find those in need. In Ottawa, ambulances lined the Rideau Canal, and field hospitals were erected on LeBreton Flats.

Emergency staff prepared for a year for the papal visit and cared for some 800 people at the four locations. A real test of the emergency health services system, the papal visit proved that the system was able to respond to large crowd situations efficiently and effectively.



A specially equipped bus allows emergency staff to respond to major disasters.

During the papal visit, emergency staff monitored crowds and provided medical attention

Ontario's Public Health Laboratories

Margaret Twarowski and Jitka Hrdlicka technicians at the London Regional Health Laboratory

Working to prevent and control communicable disease

Behind the physicians, hospitals and public health officials, a province-wide team of laboratory workers helps to detect and prevent the spread of disease.

Ontario's 13 public health laboratories performed approximately 3.5 million tests in clinical and environmental microbiology in the investigation of bacterial, viral, parasitic and mycotic diseases and food poisoning outbreaks. Over the last year chlamydia testing services for non-gonococcal urethritis syndrome, which are now available in most regional laboratories, showed an increase of 125 per cent.

Although testing for antibody levels following the initiation of the ministry's hepatitis vaccination program has greatly increased laboratory workload, the laboratories report that the program is proving effective. The results during 1984/85 showed an increase of 6.4 per cent in the number of people protected against hepatitis.

Sporadic outbreaks of Legionnaires' Disease continued internationally during 1984/85. When there was an outbreak at an Ontario hospital, public health laboratories isolated the causative organism both from patients and environmental samples. Recent cases in Britain and the United States have further increased public awareness of the disease. In response, provincial guidelines for the submission of samples in suspected cases of Legionnaires' Disease are being prepared.

AIDS (acquired immune deficiency syndrome) is a growing health problem in Ontario. Although there were no

routine laboratory tests for AIDS in 1984, researchers have now discovered a virus associated with the disease. From it, they will be able to produce reagents for laboratory tests which will help physicians diagnose AIDS. The Laboratory Services Branch has already developed a protocol for proper handling of specimens from AIDS patients and will be instituting a testing program in the Central Laboratory in 1985/86.

Managing Ontario's Drug Programs

The Ontario Drug Benefit Plan pays for selected prescribed drugs for the elderly, those who receive social assistance, residents of extended care facilities or homes for special care, and individuals covered by some other programs.

The plan's operations are administered by Pharmaceutical Services, located in Kingston. A total of 27.6 million claims were processed between April 1, 1984, and March 31, 1985. The average price per claim was $12.28, which included a dispensing fee of $4.95. The total cost of the program was over $338 million.

To give physicians faster, easier access to information regarding requests for Special Authorization (to enable patients to receive drugs not currently provided as standard benefits), Pharmaceutical Services has installed toll-free telephone lines.

Keeping up with new drugs

The number, range and type of available drugs is growing almost daily. To ensure that the people of Ontario have access to a full range of high-quality, cost-effective drugs, the ministry established the Drugs and Therapeutics Advisory Service.

Drug manufacturers regularly approach the ministry with new drug products which they wish to have listed as "interchangeable" in the PARCOST Comparative Drug Index, or as benefits in the Ontario Drug Benefit Formulary. The Advisory Service reviews each submission and refers it to an independent committee called the Drug Quality and Therapeutics Committee, which is made up of experts from medicine, pharmacy and pharmacology. The committee, restructured in January 1985, further reviews the submission and then makes a recommendation to the ministry. Based on that recommendation, the ministry decides whether or not to list the drug product in the Formulary.

During the past year, 167 new products and 11 manufacturers were added to the Formulary, which is usually updated every six months and distributed to physicians and pharmacists across the province. The Formulary lists drugs that can be prescribed as provincial benefits in Ontario, names drugs that can be legally substituted for other drugs, and determines maximum drug prices for both the Drug Benefit and PARCOST programs.

Reviewing drug pricing

In recent years the number of "generic" or multiple-source drugs in Ontario has increased significantly. Due to competition, major changes are occurring in the pricing of these drugs. To ensure that maximum drug prices listed in the Formulary accurately reflect this phenomenon, a commission, headed by Dr. J.R.M. Gordon, Dean of the School of Business at Queen's University, was established in 1984. Dean Gordon submitted a report suggesting significant changes to the system for establishing and listing prices in the Formulary, and to relevant legislation. The Commissioner's recommendations are currently under study by the ministry, the pharmacy profession and the drug manufacturing industry.

Randy H. Reid
Assistant Deputy
Minister

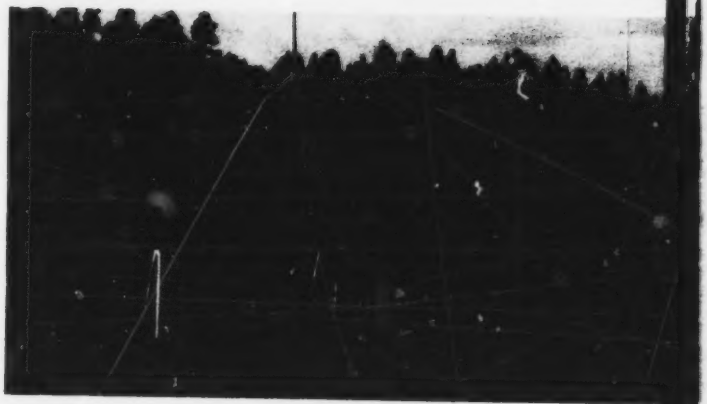
Institutional Health

Through its Institutional Division, the Ministry of Health funds the operation of Ontario's hospitals. It also manages programs which plan and fund hospital construction, expansion and renovation to meet the needs of the people of Ontario.

The Institutional Operations Branch ensures that hospital programs are managed effectively and that operating funds are distributed equitably.

Those working for the Institutional Planning Branch review and approve hospital construction and renovation, administer capital grants to hospitals and provide consulting services. They are also responsible for x-ray inspection services.

An anaesthetist and other health professionals in surgery in a hospital in Northern Ontario



Ontario hospitals: developing new approaches to care

Public hospitals have traditionally been the focus of health care in Ontario. They have the people and the equipment to treat disease and to assist those who need more intensive care. More and more, hospitals are using their resources to provide day and out-patient care within their communities and taking a preventive approach to disease control.

Ontario's 220 hospitals and the ministry work together to balance the demand for costly and changing health services with the system's ability to pay. That means providing quality care as efficiently as possible — a challenge leading to greater co-operation among hospitals and to innovative, community-oriented programs.

Better care for the elderly in the north.
In the past it has been difficult for people living in the north to get nursing home care in their communities. Older people had to leave their families and friends to move to institutions in the south. Loneliness and isolation were added to the problems of illness and aging.

Through the Northern Ontario Extended Care Capital Assistance Program (Eld Cap), the Ministries of Health and Northern Affairs are working with local hospitals to provide additional extended care facilities. In January 1985, Atikokan General Hospital began building a new extended care wing so when such care is required, seniors will be able to stay within the community.

For the first time, chronic care will also be available in Attawapiskat and Fort Albany. New hospitals in both communities will be equipped to care for people who need either acute or chronic care.

More in the north. Cancer treatment and clinical care.
On September 11, 1984, the sod was turned for the province's ninth cancer clinic. Located in Sudbury, Ontario, the new clinic will provide out-patient chemotherapy and radiotherapy services to the people of the region. As a first phase in the development, Laurentian Hospital has expanded its chemotherapy program. Construction of the clinic is expected to proceed in 1986/87.

In Thunder Bay, public health clinical services are currently offered at three different locations. To consolidate the services and prevent duplication, the ministry has approved the construction of a new, centrally located public health unit. It will be run by the Thunder Bay Board of Health.

Sexual assault treatment centres.
People who have been sexually assaulted require special care. To meet this need, St. Joseph's Hospital in London, Chedoke-McMaster Hospitals in Hamilton and Women's College Hospital in Toronto are each operating sexual assault treatment centres. Staffed with specially trained physicians and nurses, they provide expert care for people who have been assaulted. Police and other hospitals refer victims to the centres for treatment. The ministry plans to promote the development of more centres and has asked district health councils to recommend which hospitals should be designated as centres.

Better care for handicapped people.
Twenty-four mentally alert but physically handicapped young adults will soon have a home in a special unit of West Park Hospital. The unit has been designed to move the young people from a traditional hospital setting to one that will promote independent living.

In addition, the Kent County Children's Treatment Centre, which will be equipped with a therapeutic pool, was officially opened on December 7, 1984. Physically handicapped children and teenagers will be able to go to the centre for out-patient assessment, diagnosis and daily rehabilitation programs.

Day hospitals for the elderly.
While many elderly people in Ontario require special care, they do not all need to be institutionalized. For this reason, the province has developed a series of day hospitals which provide

‹ A new centrally located public health unit will co-ordinate services in the Thunder Bay area

‹ Physically handicapped children receive therapeutic care at the Kent County Children's Treatment Centre in Chatham

an organized program of rehabilitation services. Seniors go to the program for four to six hours a day, two or three times a week. The program is less costly than institutional care and has the added benefit of allowing elderly people to stay at home or with their families. St. Joseph's Hospital in Brantford opened such a day hospital, equipped to serve 15 people, in April 1985.

Burn centre.
For people who are severely burned, the Ross Tilley Burn Centre at The Wellesley Hospital in Toronto provides specialized and complete care. The centre is a self-contained complex, complete with an operating room, an intensive care unit and 10 beds. Patients remain in the centre as long as they are in the hospital rather than move from one ward to another. The centre can handle burn victims referred from anywhere in the province.

Maintaining a strong hospital system

Ontario's hospitals represent a massive investment in buildings and property. The ministry assists in funding hospital expansions, renovations, upgrading and improvements. All phases of construction — whether funded by the ministry or by the hospitals — must be approved by the ministry.

An expansion of the Milton District Hospital will provide area residents with a new 30-bed chronic care unit and a six-bed combined intensive care/coronary care unit. The plans also provide for new facilities for emergency, out-patient, radiology and materials departments, as well as for a laboratory and rehabilitation department. The hospital's surgical suite and obstetrical unit will be updated, and a new area will be provided for pediatric patients.

In Ottawa, the Salvation Army Grace Hospital has started to build new and expanded out-patient facilities. With the new facilities, the hospital will be able to provide, on an out-patient basis, physiotherapy, surgical day care, and laboratory, diagnostic and other support services to a much larger number of people. Another Ottawa hospital, Hôpital Montfort, will soon be expanding its emergency services and out-patient clinic facilities.

Major renovations planned for the Stratford General Hospital will replace its 98-bed chronic care and rehabilitation unit and upgrade the fire alarm and electrical system in acute care. The hospital is in the process of renovating its radiology department to make ultrasound equipment more convenient to patients and staff.

To meet the demand of an ever-increasing population, Scarborough Centenary is adding chronic and rehabilitation beds, and enhancing ambulatory care services.

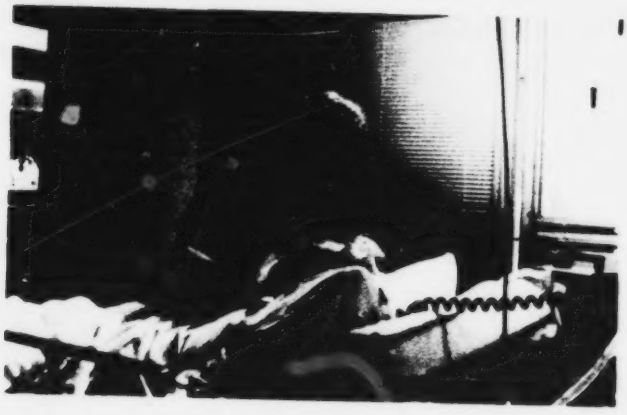
Residents of Barrie are now being served by the Royal Victoria Hospital's new intensive and coronary care unit and by a larger, improved emergency facility.

Other parts of the province have been able to improve care by adding beds to their hospitals. Lindsay can now care for 16 more acute care patients and for five more people in its chronic unit. Richmond Hill can treat 34 more acute care patients while Newmarket can handle 33 more.

In addition to major medical expansions, the ministry provides funds to correct hazards and to upgrade hospital buildings. For example: the ministry approved requests from Glengarry Memorial Hospital in Alexandria and from Dr. Joseph O. Ruddy Hospital in Whitby to replace roofs; Strathroy Middlesex General Hospital is upgrading its electrical system; North Hastings District Hospital in Bancroft is upgrading its heating plant as well as expanding its emergency department; Smiths Falls Community Hospital is in the process of improving its medical gases system.

Hospital construction: building for the future

The Grey-Bruce Regional Health Centre is under construction in Owen Sound. The new centre will replace General and Marine Hospital and the former



A patient receives care at the Royal Victoria Hospital in Barrie

Dr. MacKinnon Phillips Psychiatric Hospital and will offer both acute and psychiatric care. Built on the MacKinnon Phillips site, the hospital will provide new facilities and equipment and will be able to care for 400 patients at any one time. The hospital is expected to be active in delivering out-patient and community-based care.

In North Bay, a new board, known as the North Bay and District Health Centre, has been formed to oversee planning for a new hospital. Representatives of the existing St. Joseph's and Civic Hospitals make up the new board. The new facility will replace the two existing hospitals and be operated by the new board on completion of construction.

Co-operation between the two hospitals in Timmins is also leading to more responsive, community-oriented health care. A new facility will replace the existing St. Mary's Hospital and amalgamate services with Porcupine General Hospital. A new Timmins District Hospital Board has been formed to oversee planning and eventually to operate both the new hospital and Porcupine General Hospital.

The Attawapiskat Hospital, which opened in March 1985, will provide acute and chronic care for up to 16 patients at any one time. Construction on a new hospital in Fort Albany will begin in fiscal 1985/86. The new hospital will replace the existing facility and provide both acute and chronic care. It is the first time that chronic care will be available in either community, and it is part of the ministry's effort to provide more nursing care for the elderly in the north.

Two hospitals will open in the Metropolitan Toronto area in the fall of 1985. Scarborough Grace Hospital will offer the citizens of Scarborough special emergency and out-patient facilities and will care for 302 patients. Baycrest Hospital, part of the Baycrest Geriatric Centre, will provide unique medical, social and recreational programs for about 300 elderly patients.

The Credit Valley Hospital in Peel Region will open in the fall of 1985 and Phase 2 of construction will proceed in 1986. This new, 203-bed facility will provide care for the rapidly growing population of the region.

In London, the new Parkwood Hospital opened in January 1985. It replaces the old facility and the veterans' unit at Westminster and will offer the community a day hospital, a special unit for disabled young people and a rehabilitation centre for up to 40 patients.

A new chronic care wing is under construction at the Charlotte Eleanor Englehart Hospital in Petrolia. It will more than double the hospital's chronic care capacity to 20 beds, offer the capability to add another 20 beds, and provide occupational and physiotherapy facilities.

Funding Ontario's hospitals

According to a recent report on the financial health of Canadian hospitals, Ontario's hospitals are financially sound.

Funding the province's hospitals takes more than half the provincial health budget. If money paid to physicians for services performed in hospitals is included, institutional care absorbs almost 75 per cent of the ministry's budget. In the last fiscal year, about $4 billion was paid to public hospitals for operating costs.

One of the greatest challenges facing the ministry and the hospitals is to maintain current levels of care while containing the rising cost of health care.

During 1984/85, hospitals in Ontario received an average funding increase of eight per cent based on:

- a general increase of five per cent.
- an additional one per cent for hospitals with fewer than 50 acute care beds or a ministry allocation of less than $2.85 million.
- an adjustment for the cost of new services or programs.
- a provision to recognize an increase in the number of patients served.
- an adjustment to fund the extra work involved in high technology life-support programs.

In an effort to control costs, the ministry is encouraging hospitals to co-operate with one another to avoid costly duplication of service, make the best use of available resources, and

‹ The new Grey Bruce Regional Health Centre will replace the Owen Sound General and Marine Hospital

This day hospital is an important part of the new Parkwood Hospital in London ›

stress out-patient and day programs which are less costly than in-hospital care and allow the hospital to care for a larger number of people.

Funding for building and maintaining Ontario's hospitals

During 1984/85, hospitals and other related facilities in Ontario received funds from the ministry in excess of $187 million. Other funding for Ontario hospitals has come from the Ministry of Northern Affairs through the Northern Ontario Extended Care Capital Assistance Program. The province's Board of Industrial Leadership and Development also contributed substantially to hospital development. BILD is partially funding the new health unit in Thunder Bay, the expansion of the Salvation Army Grace Hospital in Ottawa, the replacement of the hospital in Attawapiskat and improvements at the Smiths Falls Community Hospital and the North Hastings District Hospital in Bancroft.

Understanding the demands of providing care

Demands on hospitals vary. No two hospitals deal with the same number of patients or types of illnesses. In an effort to understand what Ontario's hospitals are faced with — and to use that knowledge in measuring performance and setting budgets — the ministry is funding two case-mix management studies. Kingston General Hospital and London's University Hospital are each looking at how the treatment of specific illnesses and injuries affects the use and cost of hospital resources.

Both studies have submitted interim reports. Kingston General Hospital is continuing to expand the number of service departments included in its study data base. The third phase of University Hospital's four-phase study is scheduled for completion in December 1985.

Technology: new ways to diagnose and treat illness

New technology may offer great health benefits, but it can be costly. When the ministry commits funds to the introduction of expensive technology, the funds available for other programs and services are reduced.

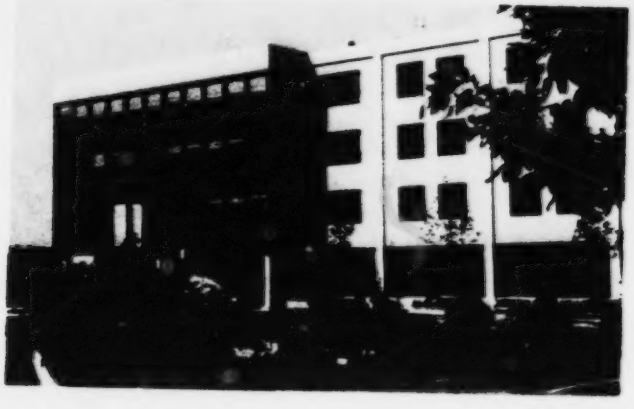
To help measure the costs and benefits of new high technology equipment, the ministry established an advisory committee, headed by Dr. David Huggins, a general practitioner from Timmins. The 11 committee members, who come from the fields of medicine, research, health administration and industry, will assess developments in complex diagnostic and therapeutic procedures such as organ transplants, magnetic resonance imaging, genetic services and reproductive medical care. The committee may be asked to develop guidelines for the use of high technology in health care and for its distribution throughout the province.

CAT scanners

Using narrow x-ray beams, radiation detectors, computer print-outs and a video screen, physicians can look at a cross-section or "slice image" of a patient's bones, tissues and organs. The procedure involves a minimum of risk and discomfort and provides more complex information than can be obtained from an x-ray. Thirty-three of the 36 CAT scanners approved by the ministry are now in operation across the province. The remaining three will be placed in the Scarborough Centenary, Toronto East General and Sarnia General Hospitals.

Linear accelerators

Three linear accelerators, specialized machines used in the treatment of cancer, have been delivered for the Bayview, Hamilton and London cancer clinics. A fourth is on order for the Thunder Bay Clinic. Linear accelerators, which have higher energy radiation than earlier radiation therapy technologies, provide improved treatment of



A major addition to the Queensway General Hospital in Etobicoke the George St Leger McCall Chronic Care Unit

deep-seated tumors and cause less damage to surrounding normal tissue. They also allow a range of electron beam treatments which are particularly effective for treating certain tumor sites.

The Task Force on Kidney Donation

Since the development of the anti-rejection drug, cyclosporin, survival rates for organ transplants have improved. This success has increased the demand for transplants, but the supply of organs does not meet demand.

In the fall of 1983, the Minister appointed a Task Force on Kidney Donation to determine ways to increase the number of organs donated. Looking at hospitals, the medical professions, public attitudes, transportation systems and the province's organ retrieval program, the task force has identified barriers and opportunities related to organ donations. Its report, presented to the Minister in September 1985, suggests that the numerous recommendations made by the task force be applied simultaneously, and that a working group be established to do the necessary preparation to put the recommendations in place.

Better testing procedures for x-ray machines

X-ray Inspection Services have developed a new "phantom" to test x-ray equipment. It simulates the human chest area better than those now in use.

Because owners of x-ray equipment will soon be responsible for in-house quality assurance programs, Inspection Services staff have developed and tested prototype in-house assurance programs in dental and chiropractic offices, private clinics and public hospitals. The programs clearly demonstrated the benefits of good, local quality assurance.

During the year, some new x-ray equipment, which did not meet federally enforced standards, was installed in Ontario. Inspection Services helped the federal government find and adjust the machines. In addition, staff worked with representatives of the Ontario Hospital Association and the Ontario Medical Association to publish the second edition of a quality assurance and dose measurement audit program for radiology departments in Ontario hospitals.

During the last year, the X-Ray Inspection Service of the ministry checked more than 4,500 machines throughout the province. By referring those x-ray practitioners who did not meet established safety standards to their own licensing bodies, the service had 100 per cent compliance without resorting to costly legal procedures.

Spending less on energy

Hospitals in Kincardine, Southampton, Blind River, Hornepayne, Parry Sound and Attawapiskat are all spending less on energy. As part of the Ministry of Health/Ministry of Energy conservation program, these hospitals have switched to natural gas from oil or have taken several other measures to reduce energy use. Savings from energy conservation are reinvested in hospital programs.

Ontario hospitals twinned with hospitals in Jamaica

As part of the program initiated by the Ontario Ministry of Health and the Jamaica Ministry of Health, the Children's Hospital of Eastern Ontario has been twinned with Bustamante Hospital for Children in Kingston, Jamaica. Through this voluntary program, the hospitals share training opportunities. Any hospitals that have surplus medical equipment and supplies can make arrangements through the Government of Ontario to ship them to Jamaica for distribution to hospitals there. Three other Ontario hospitals have been twinned with hospitals in Jamaica: Owen Sound Hospital with Alexandria Hospital, J.O. Ruddy Hospital (Whitby) with Lucea Hospital, and Kingston (Ontario) General Hospital with Kingston (Jamaica) Public Hospital.

X-ray technologist Tom Yu uses the new phantom to test equipment at Queensway General Hospital in Etobicoke

Bob Mitchell, MPP for Carleton and Parliamentary Assistant to the Minister of Health, the Honourable Dr. Kenneth L. Baugh, Minister of Health for Jamaica, and Mrs. Baugh visit Karen Andrews at the Children's Hospital of Eastern Ontario, which has been twinned with a Jamaican hospital.

Ronald A. LeNeveu
Assistant Deputy
Minister

Administration, Finance and Health Insurance

Staff provide financial, personnel and administrative support for the ministry. During 1984/85, the Health Insurance Division (OHIP) handled claims from 15,000 physicians and other practitioners involving some $2.4 billion.

The OHIP Computer Centre in Kingston. A central computer service supports OHIP and Drug Benefit operations

Betsy Walker, Central Processing Unit Supervisor in the Hamilton OHIP office, has written a manual for and is curently training staff on the office's new diskette capacity processing equipment

Health Insurance Division

Computerization improves OHIP service

OHIP processes some 71 million medical claims each year or approximately 10 claims per second each working day. Advanced computer systems are being installed to make that process faster and more efficient. As of May 1, 1984, physicians are able to submit claims to OHIP through a computerized, automated billing process. Over 20 per cent of claims received by OHIP are now submitted electronically.

The computer also offers an "on-line correction system." Claims that are rejected due to lack of information are reported and corrected quickly, ensuring that doctors receive payment without delay. This feature is now in use in OHIP's district offices.

Better communication of OHIP programs and procedures

Recognizing that the more people understand about OHIP, the more likely they are to use its services appropriately, during 1984/85 OHIP concentrated on communication. A new poster and brochure were produced for each of three target groups: youth, seniors and workers. The communication materials explain the services OHIP offers to these specific groups.

Finance and Administration Division

Metrication Office

The voluntary program of converting Ontario's health care system to the International System of Units (SI) continued during 1984/85. Two advisory committees, one on pharmacy and one on dietetics and nutrition, submitted reports which recommended that their disciplines convert to SI.

Late in the year, Health and Welfare Canada assumed responsibility for co-ordinating SI conversion in health care from the former Metric Commission of Canada. The national system to plan and oversee SI conversion will draw heavily on the Ontario Ministry of Health model of committees representing both the public and private sector.

The ministry, through its Metrication Office, will continue to support provincial steering and advisory committees and advise ministry managers on metric conversion. The ministry will also be represented on national committees.

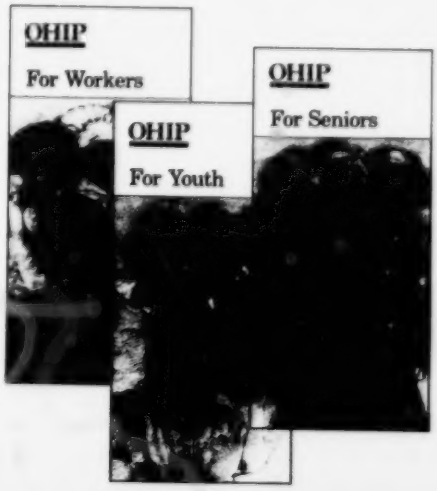
Supply and Services Branch

The Supply and Services Branch is responsible for a variety of functions including records management, purchasing, accommodation, assets management and reproduction services.

As part of a pilot project, the Ontario Government Pharmaceutical and Medical Supply Service worked with the Ontario Cancer Treatment and Research Foundation on the bulk purchase and supply of certain specified drugs to achieve cost economy.

With the Ministry of Government Services, branch staff developed and co-ordinated the installation of the first digital telecommunication system in the Kingston Psychiatric Hospital. During the year, modern telecommunication systems were also installed in the OHIP district offices in Hamilton and Oshawa.

Dr. E. J. Murray, Director of Professional Services Branch, has been designated permanent liaison between the Provincial Medical Directors and the Joint Advisory Committee on Institutional and Medical Services.



A selection of new brochures produced and distributed by OHIP to explain its services.

Affirmative Action

During 1984/85, two women were appointed to senior management positions: one as branch director within the ministry, the other as administrator at a psychiatric hospital.

Before 1979, no women worked in the ministry's Economic and Statistics management group. Now, 30 per cent of the group are women.

The ministry provided accelerated career development assignments for 41 women within the systems area. Six of the women were later hired for full-time positions.

Until 1984, the ministry had no female manual workers; this year, three women were hired. Two women were given acting appointments in maintenance areas: one as Supervisor of Transportation at a regional psychiatric hospital, and the other as Director of Laundry and Linen Service. This latter assignment eventually led to a permanent position.

Before 1983, the ministry had no female attendants in the maximum-security Oak Ridge division of the Penetanguishene Mental Health Centre. Now, six women have been hired as attendants. Also, one woman has been hired on a full-time contract and two others on part-time contracts.

The ministry's Affirmative Action Program offers training programs to support women in the ministry. Twenty-eight women attended a three-day executive skills seminar; 22 women who had recently been appointed supervisors or managers attended a "Management Skills for Women" workshop. In addition, over the last three years, the program has offered 19 two-day micro-technology workshops. A two-day "Introduction to Microcomputers" course was offered to both women and men in middle management and senior professional positions.

Sister Lorraine Malo
Chaplain at Hamilton
Psychiatric Hospital

Diane MacFarlane
Administrator at
Whitby Psychiatric
Hospital

Clem Sauvé
Assistant Deputy Minister

French-Language Services

On February 12th, 1985, Clem Sauvé was appointed Assistant Deputy Minister, French-Language Services. His main responsibilities were to give new impetus to the French-Language Services program by working closely with ministry officials and client groups. Several important initiatives which will be introduced during 1985/86 are in the planning stage.

Since the then Minister of Health was also responsible for the Government's French-Language Services program, the Office of the Government Co-ordinator of French-Language Services and the Secretariat of the Council for Franco-Ontarian Affairs were both brought under the responsibility of the Assistant Deputy Minister, who also retained the title of Government Co-ordinator of French-Language Services. In this latter capacity, Mr. Sauvé reported directly to the Minister.

Government co-ordination of French-language services
During the year, several amendments to laws regarding French-Language Services have been adopted or introduced. New policies regarding French-Language Services have been developed and several meetings with federal representatives and representatives of other provincial governments were held. A summary of the Office's activities is available in the annual report of the Government Co-ordinator of French-Language Services.

Council for Franco-Ontarian Affairs
The Council for Franco-Ontarian Affairs is an advisory agency charged by the Ontario government with advising its ministers on any question affecting Franco-Ontarians excluding the field of education. The Council also publishes its annual report.

French-language services in hospitals
The Ministry of Health has been working steadily to help Franco-Ontarians avoid language barriers and receive medical care in French. Over the last year, Ainslie Communication of Ottawa studied nine hospitals in Cornwall, North Bay, Penetanguishene and Sudbury. The company's task was to suggest ways in which the hospitals could improve their French-language services.

As a result of the report, the ministry has contracted with the Berlitz School of Languages to design and teach a language program for hospital staff that will be used across the province.

In addition, Brockville Psychiatric Hospital has appointed a co-ordinator of French-language services, and North Bay Psychiatric Hospital has just received a report on the need for French-language services.

Enlisting volunteer interpreters
A patient, sent from the north for special consultation and treatment, discovers that no one in the Toronto hospital to which she has been admitted speaks French, and she cannot communicate with the people who are caring for her.

In such a situation, the hospital can call the "Accueil Médical Francophone", a translation/interpretation agency that will send a volunteer, or one of three permanent staff, to facilitate communication, at no cost to the patient. During the year, the ministry paid the agency $53,779 towards operating costs.

In Ottawa, a similar organization, the Family and Patient Communication Centre, provides free translation/interpretation services in several languages, including French. The Centre has mobilized 150 volunteers willing to go to hospitals, clinics, public health units, physicians' offices and dentists' offices in Ottawa as well as other parts of eastern Ontario to translate or interpret. The ministry contributed $20,000 to the Centre over the year.

The success of these services indicates that volunteers will be an important force in breaking down language barriers in health care.

Special Programs and Projects

Health Promotion

The Ministry of Health has a number of programs, projects and initiatives that do not fall easily into the categories of institutional health, community and public health, emergency services, mental health or administration, finance and health insurance. These programs report directly either to the Minister or the Deputy Minister.

Today more than ever, people are concerned about their health. In general they are smoking and drinking less, exercising more, and doing whatever they can to be healthier.

In 1983, the ministry sponsored a series of regional conferences on the future of health care in the province. The delegates' consensus was that health promotion and disease prevention should be the ministry's first priorities. In response to both the conferences and positive public attitudes towards health, the ministry has made health promotion a major new initiative.

The Ontario Implementation Group on Health Promotion and Disease Prevention, headed by Steve Podborski, was established in November 1984. The group will develop and implement programs to encourage better fitness and nutrition and to discourage smoking and excessive drinking.

Mr. Podborski is an apt choice for the position of chairman. Twice Ontario's athlete of the year, a former World Cup ski champion, an officer of the Order of Canada and Chairman of the Canadian Paraplegic Association, he has been a strong advocate of health promotion for many years. He has often taken advantage of his public position to speak out in favor of good nutrition and against smoking.

This group is composed of representatives from district health councils, the scientific community, physical and health education fields, alcohol and drug abuse organizations, and other people who are active in nutrition and health promotion.

The Office of Health Promotion was established in December 1984. Headed by Dr. Boyd Suttie and reporting to the

Deputy Minister, Office staff encourage effective health promotion approaches and projects, whether they are developed by health care professionals, the private sector, voluntary agencies and organizations or other government ministries. They support the work of the implementation group chaired by Steve Podborski and work closely with other ministries — Education, Labour, Agriculture and Food, Tourism and Recreation, the Office of the Attorney General — to co-ordinate health promotion efforts for greater impact.

Work on a directory which identifies and describes health promotion activities throughout the province is in its final stages. This has been a major investment of time, but will, for the first time, give individuals and agencies a comprehensive source of reference for planning and program development in health promotion.

Responsible for stimulating the commitment of resources to health promotion, the Office provides a focal point for the ministry's health promotion strategic planning and policy and program development. The Office functions also as a liaison to the community, offering support and assistance to potential health promotion providers.

Steve Podborski
Chairman of the
Ontario Implementation
Group on Health
Promotion and Disease
Prevention

Policy Analysis and Research Branch

This ministry group is responsible for providing support for corporate policy and planning, analysing the health care system and developing health care strategy, studying health manpower policy and planning issues, ensuring that the activities of the health disciplines are regulated and co-ordinated, and managing the ministry health research programs and clinical education program.

Health Disciplines Legislation Review

Over the past two years, the ministry has been reviewing the legislation that governs health professions in Ontario. The review is designed to determine which professions require legislation and which can be self-regulating, and to update the regulating mechanism.

Headed by Alan M. Schwartz, a Toronto lawyer, the review has been an open process. Health disciplines, voluntary organizations, consumer groups, labor unions and government agencies have submitted more than 120 briefs. The briefs have discussed issues that include the need for regulation, requirements for entry to practice, and scopes of practice. One of the chief goals of the review is to resolve a number of differences among professions over their respective roles in the delivery of health care.

The review team has established nine criteria that any profession must meet to qualify for self-regulation:

1) *Relevance to the Minister of Health.* A substantial portion of the profession's members are not engaged in activities under the jurisdiction of another ministry and the primary objective of the treatments they perform must be the promotion or restoration of health.

2) *Risk of harm.* A substantial risk of physical or emotional harm to individual patients arises in the practice of the profession.

3) *Sufficiency of supervision.* A significant number of the members of this profession do not have the quality of their performance monitored effectively either by supervisors in regulated institutions, by supervisors who are themselves regulated professionals or by regulated professionals who prescribe this profession's services.

4) *Alternative regulatory mechanism.* The profession is not already regulated effectively or will not soon be regulated effectively under an alternative regulatory mechanism.

5) *Body of knowledge.* The members of this profession must call upon a distinctive, systematic body of knowledge in assessing or treating their patients, *and* the core activities they perform must constitute a clear, integrated and broadly accepted whole.

6) *Education requirements for entry to practice.* To enter the practice of this profession, the practitioner must be required to obtain a diploma or degree from a recognized Canadian educational institution.

7) *Leadership's ability to favor the public interest.* The profession's leadership has shown that it is able to distinguish between the public interest and the profession's self-interest and, in self-regulating, will favor the former over the latter.

8) *Likelihood of compliance.* There is enough willingness among the members of this profession to acquiesce, at least, to self-regulation that widespread compliance is likely.

9) *Sufficiency of membership size and willingness to contribute.* The practitioners of the profession are sufficiently numerous to staff all committees of a governing body with committed members and are willing to accept the full costs of self-regulation. At the same time, the profession must be able to maintain a separate professional association.

Based on these criteria, team members have identified some 37 health professions that they will continue to consider for self-regulation:

medical doctors
pharmacists
registered nurses
registered nursing assistants
optometrists
dentists
dental hygienists
massage therapists
osteopaths
naturopaths
physiotherapists
chiropractors
opthalmic dispensers
radiological technicians
psychologists
podiatrists
chiropodists
denture therapists
dental technicians
psychometrists, counsellors, et al.
marriage and family therapists
midwives
clinical hypnotists
dieticians
shiatsu therapists
occupational therapists
hearing aid dispensers
speech pathologists
audiologists
health record administrators
clinical chemists
medical physicists
diagnostic medical sonographers
medical laboratory technologists
pulmonary and cardiovascular technologists
vascular technologists
respiratory technologists

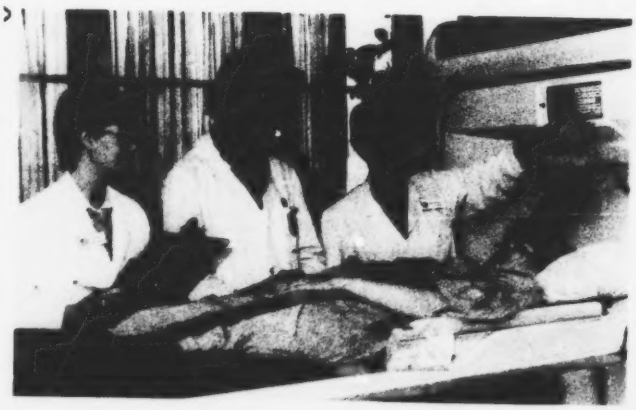
The final recommended list of professions will be presented to the Minister late in 1985.

Health Service Patterns Study

In a 1982 report on physician compensation, Professor Paul Weiler noted that the volume of health services was increasing each year. The rate of use of physicians services was up substantially — though there was no easy explanation for the increase. At the suggestion of Professor Weiler, the Ministry of Health and the Ontario Medical Association began a joint health service patterns study.

The study, still in progress, will look not only at physicians' services, but also at laboratory tests, hospital admissions and procedures and use of surgery. Several research projects on the use of laboratory tests are underway. Research into hospital use is in the planning stages.

The Ministry paid for the purchase and installation of magnetic resonance imaging equipment and contributed to funding for research studies at the Ontario Cancer Institute/ Princess Margaret Hospital in Toronto



Health research

In Hamilton, the results of a survey of the elderly are being used to determine the prevalence of urinary incontinence. Scientific researchers in Ottawa are evaluating treatments that parents can give to their hyperactive children. These are two of the 204 research projects supported by the Ministry of Health during the 1984/85 fiscal year.

Through research grants programs, the ministry supports scientific studies into better ways to care for the people of Ontario. Over the year, more than $8.1 million was spent on research through these programs.

Of that $8.1 million, $3 million was awarded to 58 career scientists, 22 post-doctoral fellows and 22 graduate students through the ministry's Health Research Personnel Development Program. Now in its third year, the program is designed to train and develop new researchers in clinical and community medicine.

Research into women's health issues

Over the past year, the ministry spent $654,418 on nine new or ongoing research projects that focus on women's health issues.

A number of the funded studies deal with childbirth and prenatal care. For example, a research team in Ottawa is assessing various methods for managing difficult labor (dystocia), including delivery by caesarean section, while a preliminary study in Toronto is trying to measure the need for a birthing centre and develop patient satisfaction measures that could be used in evaluating such a centre. In Toronto and London, research teams are studying an amniocentesis test that identifies the possibility of neural tube defects (such as spina bifida) in a fetus.

In Toronto, a research team is developing a registry of women who took DES (Diethylstilbestrol), a drug prescribed between 1941 and 1971 to prevent miscarriage. There is some indication that a very small number of the children of women who took DES may develop genital abnormalities such as malformed sperm or cancer of the vagina and cervix. The registry will allow researchers to track the effect of the drug.

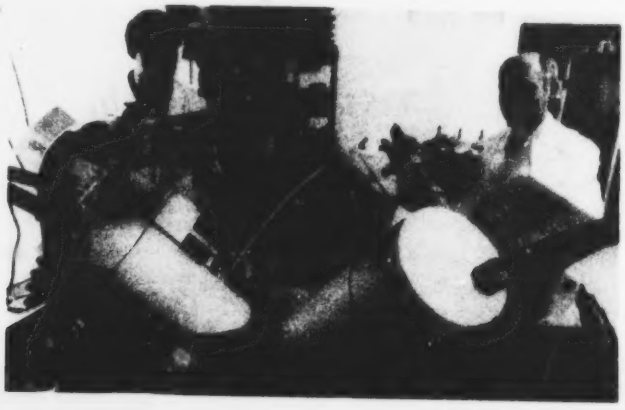
A McMaster University team is evaluating an education program designed for use with high school students to encourage responsible behavior and decrease the incidence of teenage pregnancy. A Toronto-based research program is studying "coping strategies" used by women to handle the stress of caring for young children. A research group at the University of Western Ontario is studying the functional abilities of women with pre-menstrual syndrome (PMS). In Hamilton, a group of scientists is evaluating screening procedures for cervical cancer.

Lithotripsy machine

The largest single grant given by the ministry during the fiscal year was $2 million from the province's lottery fund toward the purchase and installation of a lithotripsy machine. Until the development of the lithotripsy machine, surgical techniques were the only means to remove kidney stones. The lithotripsy machine, which fragments the stones through the use of sound waves and makes surgery unnecessary, will be located in a special unit, complete with treatment, hydraulic, preparation and recovery rooms, at the Wellesley Hospital.

The Wellesley was selected from a number of hospitals by a committee established by the Ministry of Health. The hospital will pay the remaining cost of the machine, while the ministry

The lithotripsy machine provides a non-surgical technique to treat kidney stones



will cover annual operating costs, initially estimated at $1.6 million.

Because of its high cost, the machine will be used as a provincial resource. The hospital has agreed to train physicians to operate the machine. Urology specialists at six Metro Toronto hospitals will share the machine and will accept patients referred from across Ontario. A centralized waiting list will ensure that patients and referrals are handled systematically. Research on the program will evaluate the machine's role in patient care and determine its cost-effectiveness compared to other procedures for treating kidney stones.

The Health Research and Development Council

To maintain the calibre and quality of health research in Ontario, the ministry established the Health Research and Development Council. Chaired by Dr. H. Garfield Kelly, former vice-principal of health sciences at Queen's University, the council is advising the Minister on research policies and priorities, and on principles for research program design. Council members, selected from across the province, include health research scientists and professionals with expertise in technology, marketing, information systems and economics.

Special Corporate Projects

The Special Corporate Projects Unit is a long-term strategic planning group. Within the Ministry of Health, the Unit is also responsible for intergovernmental affairs. During 1984/85, the unit supported the Minister in his role as Chairman of the Provincial and Territorial Conference of Ministers of Health for the year.

Statement of Revenue and Expenditure – 1984/85

Expenditure	
Ministry Administration Program	
Main Office	$ 5,633,819
Financial Services	7,703,397
Supply and Office Services	12,424,271
Personnel Services	3,888,700
Information Services	4,784,483
Analysis and Planning	340,052
Legal Services	711,945
Audit Services	1,438,836
Research	21,595,377
Systems Development Services	18,299,559
District Health Councils	8,484,619
Total	$ 85,305,058
Institutional Health Program	
Program Administration	$ 1,048,851
Emergency Health Services	124,849,003
Institutional Care Services	4,719,292,068
Laboratory Services	22,107,822
Total	$4,867,297,744
Public and Mental Health	
Program Administration	$ 437,912
Mental Health	391,165,271
Health Programs	237,817,354
Experience '84	320,900
Total	$ 629,741,437
Health Insurance Program	$2,760,554,661
Total Expenditure	$8,342,898,900
Revenue	
Contributions:	
Government of Canada	$ 17,059,792
Premiums:	
Ontario Health Insurance Plan	1,586,179,890
Loans to Public Hospitals	15,262,043
Miscellaneous	57,537,799
Total Revenue	$1,676,039,524

Summary of Public Hospital Care

All Public Hospitals in Ontario	Year Ended March 31, 1985*	Year Ended March 31, 1984	Percentage Increase (Decrease)
Approved Beds	49,481	48,973	1.0373
Number of:			
Admissions	1,297,299	1,291,536	0.4462
Discharges & deaths	1,293,615	1,291,055	0.1983
Patients under care during year	1,335,172	1,332,199	0.2231
Total patient days:			
Discharges & Deaths	14,484,318	14,597,551	(0.7757)
Care given during year	15,457,863	15,338,073	0.7810
Average length of stay:			
Acute	8.7	8.7	0.0000
General rehabilitation	36.7	37.0	(0.8043)
Chronic	243.4	240.5	1.2205
Psychiatric**	31.3	30.7	1.9934
Alcohol and drug addiction***	32.4	30.1	7.5000
Special rehabilitation	46.4	45.7	1.5556
Overall average	11.4	11.3	0.8772
Number of radiological examinations-diagnostic:			
In-patients	2,004,818	1,966,067	1.9710
Out-patients	3,796,438	3,662,649	3.6528
Total units of laboratory service in hospitals:			
In-patients	379,891,398	379,876,203	0.0040
Out-patients	185,221,637	180,032,034	2.8826
Referred-in	61,139,174	59,872,218	2.1161
Routine health	117,636,127	116,144,713	1.2841
Total staff and employees of hospitals:			
Full-time	99,759	99,732	0.0271
Part-time	44,259	41,632	6.3100

*Preliminary estimates for 1984/85
**Refers to Clarke Institute & Sudbury Algoma Hospital. Psychiatric units included with Acute.
***Refers to Donwood Institute only.

Inventory of Approved Institutional Beds

	As at March 31, 1985	As at March 31, 1984
Public Hospitals		
*Acute**	36,559	36,480
*Chronic***	12,922	12,493
	49,481	48,973
Private Hospitals		
Acute	310	310
Chronic	507	507
	817	817
Nursing Homes	29,561	29,215
Homes for the Aged***	12,843	12,944
Total of all Institutions	92,702	91,949

*Acute includes Psychiatric Beds
**Chronic includes General and Special Rehabilitation Beds
***Extended care only

Summary of Ontario Home Care Program Activities 1984/85

*(Inclusive of School Health Support Services Statistics *September, 1984 — March, 1985)*

	Acute	Long-Term (Chronic)	School Health Support Services
Admissions	99,932	40,117	586
Discharges	87,852	34,191	116
Case-load	203,756	217,547	1,812
Total Patient Days	2,949,629	4,271,259	8,739
Average Length of Stay	30	123	53
Total Professional Visits			
Nursing	1,044,669	1,203,347	5,546
Occupational therapy	46,189	40,608	1,074
Physiotherapy	175,304	114,113	1,916
Speech Pathology	5,908	6,277	1,214
Nutrition	4,225	2,357	4
Social Work	4,885	9,493	—
Total Homemaking Hours	925,505	2,852,433	—

Vaccine Distributed

April 1, 1984, to March 31, 1985

	Doses Distributed	Dollar Value
Diptheria Toxin Schick Test (SCREEN)	59,760	26,892
Diptheria Toxoid (STAR)	6,567	12,638
Diptheria Toxoid (LIGHT)	4,115	5,972
Diptheria Toxoid (ROCKET, COMET)	2,725	2,180
Diptheria Toxoid, Pertussis and Tetanus (EARTH)	25,975	36,338
Diptheria Toxoid, Tetanus Toxoid (TURF)	12,208	23,172
Pertussis Vaccine (WHOOP)	6,965	12,528
Rabies Vaccine (HUMAN DIPLOID)	10,241	568,911
Tetanus Toxoid (GRAIN)	227,740	393,444
Tetanus & Diptheria Adsorbed	21,255	33,701
Diptheria Antitoxin (FAWN)	20	932
Tetanus Antitoxin (BIRCH)	0	0
Rabies Antiserum (HORSE SERUM)	0	0
Diptheria, Tetanus, Pertussis & Polio Vaccine (QUAD)	774,780	3,644,860
Diptheria, Tetanus & Polio Vaccine (TRIAD)	572,735	2,588,195
Tetanus and Polio Vaccine (BIAD)	477,710	2,080,366
Polio Vaccine Oral (SABIN)	27,000	44,361
Polio Vaccine Unigen (LAKE)	176,145	755,164
Rabies Vaccine (RABBLE)	0	0
Rabies Immune Serum (HUMAN)	8,679	543,311
Rabies Tissue Culture (RACE)	0	0
Antivenin	27	1,013
Rubella	30,799	103,682
Duck Embryo	0	0
Measles-Mumps-Rubella	291,595	1,940,398
Rifampin	2	80
Heptavax	8,499	202,574
Total	2,745,542	13,020,664

Summary of OHIP Activities

April 1, 1984 to March 31, 1985

Enrolment	Certificates	(%)	Participants	(%)
Average number of certificates and participants during 1984-85				
Single	1,958,996	(44.3)	1,958,996	(21.9)
Family	2,467,758	(55.7)	6,978,416	(78.1)
Total	4,426,754		8,937,412	
Groups	2,203,035	(49.8)	5,254,886	(58.8)
Full pay	471,290	(10.7)	1,001,344	(11.2)
Partially assisted	5,806	(0.1)	10,101	(0.1)
Fully assisted	345,405	(7.8)	536,291	(6.0)
Temporary assisted	85,205	(1.9)	150,453	(1.7)
65 and over	1,009,994	(22.8)	1,424,173	(15.9)
D.V.A.	23,884	(0.6)	47,297	(0.5)
Municipal welfare	111,983	(2.5)	186,309	(2.1)
Provincial welfare	170,152	(3.8)	326,558	(3.7)

Total Claim Payments Paid during year	$2,416,392,749	
Service distribution (All payments)		(%)
Medical	2,217,717,003	(91.8)
Dental	8,497,034	(0.4)
Optometric	41,946,905	(1.7)
Chiropractic	53,981,375	(2.2)
Osteopathic	347,659	(—)
Chiropody	4,899,987	(0.2)
Physiotherapy	15,788,971	(0.7)
Out of Province Hospital	73,213,815	(3.0)

Mode of Payment (Based on claims payments)	Physician %	Subscriber %
Medical	92.2	7.8
Dental	98.7	1.3
Optometric	97.8	2.2
Chiropractic	98.2	1.8
Osteopathy	95.6	4.4
Chiropody	94.3	5.7
Physiotherapy	100.0	—
Overall	92.5	7.5

Revenue

Net premium revenue for combined plan $1,586,179,890

Ontario Drug Benefit Plan

April 1, 1984, to March 31, 1985

1. Expenditures

Health	$289,993,870.12
COMSOC	$ 58,317,764.12
Expenditure Recovery	($16,540.95)
Plan Total	$348,295,093.29

2. Eligible Persons

Group	Eligible Persons	Actual Recipients
OAS (Over 65)	983,717	840,513
Home Care	16,728	16,728
Extended Care	10,461	10,461
Homes for Special Care	3,638	3,638
Other	177	177
General Welfare	224,172	224,172
Family Benefits	272,448	226,544
Totals	1,511,341	1,322,233

3. Claims Paid

Number of Regular Claims	25,931,957
Number of Special Claims	1,380,634
Total Number of ODB Claims	27,312,591
4. Average Price Paid Per "Fee for Service" Claims	$12.27
Average Dispensing Fee	$ 4.97
Average Drug Cost	$ 7.94

Ministry Staff Strength

As of March 31, 1985
including full-time unclassified staff

Full-Time	
Branches	4,145
Psychiatric Hospitals	6,917
Total	11,062
Part-Time	
Branches	70
Psychiatric Hospitals	798
Total	868
Combined Total	11,930

Total Public Health Laboratory Services

April 1, 1984 to March 31, 1985

Type of Work	Number of Tests 1983/84	Number of Tests 1984/85
Environmental Bacteriology		
Water	360,305	376,280
Milk — raw	143,010	125,772
— processed	30,084	29,111
Restaurant sanitation	100,387	95,429
Miscellaneous	14,373	15,691
Food	223,567	16,800
Total	871,726	659,083
Microbiology		
Bacteriology		
Tuberculosis	80,726	81,505
Gonorrhea	104,315	102,747
EENT	112,340	111,926
Enteric routine	60,525	58,305
General culture	76,185	91,383
Urine spoon	108,299	113,321
PKU	137,720	145,575
Reference	92,258	113,041
Total	772,368	817,803
Mycology	52,174	59,973
Parasitology	98,834	91,292
Virology	330,730	347,432
Total	481,738	498,697
Serology		
Syphilis	878,479	877,262
Reference	8,500	8,320
General	55,334	52,221
Total	942,313	937,803
Chemistry		
Clinical	279,671	289,163
Special	22,535	25,516
Total	302,206	314,679
Haematology	33,797	15,305
Urinalysis	11,592	8,486
Total	45,389	23,791
Collection of Specimens	9,016	242
Transfer to Other Labs	154,395	150,844
Other	11,126	11,280
Grand Total	3,590,277	3,414,222